

## NightShift Radiology Discrepancy Report Form

Patient Name: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Examination: \_\_\_\_\_

**\*\*\*Please note that reports sent are preliminary and incidental findings unrelated to the patient's symptoms such as simple renal cysts, retention cysts in the sinuses, lung granulomas, old lacunar infarcts, mild cerebral atrophy may not be mentioned.**

**Description of Discrepancy:**

**Type of Discrepancy (Check all that apply):**

- Finding of questionable significance (i.e. appendicolith with normal appearing appendix, uncomplicated diverticula, trace fluid in cul-de-sac in female patient, cerebral calcification)
- Finding unrelated to clinical presentation but requiring follow up (i.e. adrenal adenoma, pulmonary nodule, possible solid masses in liver and kidneys, enlarged hilar, mediastinal, or retroperitoneal lymph nodes, small AAA, tiny meningioma)
- Finding which may be related to the patient's symptoms (i.e. borderline enlarged appendix, mild free fluid, gallstones, slight pleural effusion, borderline hydronephrosis, possible non-hemorrhagic infarct, questionable embolus in peripheral pulmonary artery)
- Significant but subtle finding probably the cause of the symptoms requiring treatment or observation (i.e. mild appendicitis, ureteral calculus, mild diverticulitis, slight pneumothorax, slight tentorial SDH, probable early acute non-hemorrhagic cerebral infarct, wedge compression fractures)
- Significant finding likely the cause of the symptoms requiring urgent treatment but not immediately life or limb threatening (gross appendicitis or diverticulitis, cholecystitis, small liver or splenic lacerations, small SDH)
- Significant finding likely the cause of the symptoms and life or limb threatening (i.e. subarachnoid hemorrhage, aortic dissection, definite pulmonary embolism, large liver or splenic lacerations, aortic tear, ICH with mass effect, unstable spine fracture)
- Other \_\_\_\_\_

Please describe any known follow up: \_\_\_\_\_

Local Radiologist' Name: \_\_\_\_\_ Date: \_\_\_\_\_

**In addition to this form please sent the original report and if possible the local Radiologist' report.**

**Fax all documents to Glenn Chew at Fax number (650)345-5465.**