" DIAGNOSTIC RADIOGRAPHY "
CLINICAL PRACTICE STUDENT LOG-BOOK

STUDENT NAME: _____

ID NUMBER: _____

Prepared By:

Mrs. Jawaher Khalid Almaimani ..

Approved by:	Dr. Jehad S. Felemban, Chairman, Diagnostic Radiography Technology Department

❖ GENERAL X-RAY

Date : .....

- Clinical Site: (Outpatient - Inpatient - ER - Portable).
- Patient MRN: .....
- X-RAY FOR: .....
- Clinical Indication: "Please mention any Important Abbreviation"

_____

➢ Patient Position : ⎔ Supine ⎔ Prone ⎔ Erect ⎔ Other _____

➢ Projections : ⎔ AP ⎔ PA ⎔ Lateral ⎔ Oblique

➢ Modified Projection: _____

➢ CP: _____

➢ CR: ⎔ Perpendicular ⎔ Angulation _____

➢ SID / Grid : ⎔ Green (100cm) ⎔ Yellow (180cm)

⎔ RED ⎔ Blue

➢ Area of Interest / FOV: _____

➢ Radiation Protection: ⎔ Thyroid Collar ⎔ Gonad shield

⎔ Lead Aprons ⎔ Other _____

• Comments: _____

❖ GENERAL X-RAY

Date : .....

- Clinical Site: (Outpatient - Inpatient - ER - Portable).
- Patient MRN: .....
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⎔ RED ⎔ Blue

➢ Area of Interest / FOV: _____

➢ Radiation Protection: ⎔ Thyroid Collar ⎔ Gonad shield

⎔ Lead Aprons ⎔ Other _____

• Comments: _____

J. Almaimani

❖ **FLOROSCOPY** :

❑ Outpatient
❑ Inpatient

- Date: .....
- Patient MRN: .....

- Name of the Study: .....

- Reason of the Exam: "Please mention any Important Abbreviation"

_____

- **Patient Preparation:**

_____

_____

- **Preparing for the Procedure :**

○ Catheter ---------- ○ Saline ○ Needles
○ Contrast Media ○ Gauze ○ Syringe
○ Sterile Gloves ○ Basins & Cups
○ Others_____

_____

_____

➢ Patient Position : ○ Supine ○ Prone ○ Erect ○ Other _____

➢ Projections : ○ AP ○ PA ○ Lateral ○ Oblique ○ Other _____

- Aim of each projection: _____

_____

_____

➢CP:

_____

➢ CR: ○ Perpendicular ○ Angulation _____

➢ Coverage Area/ FOV: _____

➢Radiation Protection: ○ Thyroid Collar ○ Gonad shield
○ Lead Aprons ○ Other _____

➢Type of CM : ○ Telebrix ○ Xenetix ○ Other _____
➢Rote of CM : ○ Oral ○ IV ○ Rectum ○ Other _____

➢**Patient After Care :** _____

_____

•Comments:

_____

J. Almaimani

❖ COMPUTED TOMOGRAPHY

- Date : .....
- Patient MRN: .....
- Name of the Study: .....

- Reason of the Exam: "Please mention any Important Abbreviation"

_____

_____

•Preparing for CT Scan:

○ Saline ○ Needles ○ Contrast Media ○ Gauze
○ Syringe ○ Gloves
○ Others_____

_____

_____

➢ Scout (Topogram) : ○ Coronal ○ Sagittal ○ Axial ○ Other _____

➢ Patient Position : ○ Supine ○ Prone ○ Other _____

➢ Scan Direction : ○ Head First ○ Feet First ○ Other _____

➢ CP: _____

➢ Coverage Area / FOV: _____

➢ Type of CM : ○ Telebrix ○ Xenetix ○ Other _____

➢Rote of CM : ○ Oral ○ IV ○ Rectum ○ Other_____

- Comments:

_____

_____

_____

_____

J. Almaimani

❖ **ULTRASOUND,** - Date : .....
- Clinical Site: (Outpatient / Inpatient)
- Patient MRN: .....
- Name of the Study: .....

- Reason of the Exam: "Please mention any Important Abbreviation"

.....

- Type of Transducer used: ○ Linear Array ○ Convex Array
  ○ Sector Array ○ Other ----------

❑ **Renal US:**

- Kidney Size : RT ..... cm , LT ..... cm
- Echogenicity : RT : ○ Normal ○ Hyperechoic ○ Hypoechoic ○ anechoic
  LT : ○ Normal ○ Hyperechoic ○ Hypoechoic ○ anechoic
- Collecting system : RT: ○ Normal ○ Other .....
  LT: ○ Normal ○ Other .....
- Bladder Volume: Prevoid ..... cc , Postvoid cc
- Comments:.....
  .....

❑ **Abdomen US:**

- Aorta ..... cm
- IVC ..... cm
- Liver :
  - Size: ○ Normal ..... cm ○ Abnormal ..... cm
  - Echogenicity: ○ Normal ○ Hyperechoic ○ Hypoechoic ○ anechoic
- PV ..... cm , CBD ..... cm
- GB ○ Normal ..... cm ○ Abnormal ..... cm [.....]
- Pancreas ○ Normal ○ Abnormal [.....]
- Kidney Size : RT ..... cm , LT ..... cm
- Spleen ..... cm
- Comments:.....
  .....

❑ **Thyroid US :**

- RT Lobe size: ..... cm
- LT Lobe size: ..... cm
- Isthmus ..... cm
- Comments:.....
  .....
  .....

J. Almaimani

❖ **ULTRASOUND,** - Date : .....
- Clinical Site: (Outpatient / Inpatient / OB- GYN)
- Patient MRN: .....
- Name of the Study: .....

- Reason of the Exam: "Please mention any Important Abbreviation"

.....

- Type of Transducer used: ○ Linear Array ○ Convex Array ○ Sector Array ○ Other ----------

❑ **Pelvic US:**

- Uterus Size : .....
- Endometrium ; ..... mm
- RT Ovary Size ..... cm
- LT Ovary Size ..... cm
- Bladder Volume: Prevoid ..... cc , Postvoid cc
- Comments:.....
  .....

❑ **Other** ..... :

- Steps and Parts included in the scan:
- .....
- .....
- .....
- .....
- .....
- .....
- .....
- .....
- .....
- .....
- .....
- .....
- .....
- .....
- .....

- Comments:.....
  .....
  .....

J. Almaimani

❖ ANGIOGRAPHY,

- Date : _____
- Name of the Procedure: _____
- Patient MRN: _____

•Request of the Patient :

➢Reason of the Exam: "Please mention any Important Abbreviation"

_____

_____

•Preparing for the Procedure :

○ Angio Drape	○ Skin Prep Solution	○ Local Ansethia
○ Suture	○ Introducer Sheath	○ Peel away Sheath
○ Catheter ----------	○ Heparin Saline	○ Saline
○ US probe cover	○ Needles	○ Scalpel
○ Contrast Media ----------	○ Puncture Needle	○ Gauze
○ Guide wire ----------	○ Dilators	○ Syringe
○ Stent ----------	○ Sterile Gowns & Gloves	○ Basins & Cups

○ Others_____

➢Site of Puncture: ○ Femoral ○ Radial ○ Basilic Vein ○ Other ----------

➢Radiation Protection: ○ Thyroid Collar ○ Gonad shield ○ Lead Aprons

➢Dose Delivered Accumulation: _____

➢Comments:_____

_____

• In case this procedure is cancelled, Explain the reason.

_____

❖ DOPPLER ULTRASOUND

- Date: _____
- Patient MRN: _____
- Name of the Study: _____

Reason OR Diagnosis: "Please mention any Important Abbreviation"

_____

- Type of Transducer used: ○ Linear Array ○ Convex Array ○ Sector Array
- ○ Negative Study **OR** ○ Positive Study
- Comments _____

➢ **In case of Lower Extremity Venous Doppler (DVT):**

- ○ Negative Study **OR** ○ Positive Study
- DVT Diagnostic Features: ○ NO Color Filing ○ NO Compression ○ Echogenic clot ○ Other ----------

• Comments:

_____

J. Almaimani

Approved by:	Dr. Jehad S. Felemban, Chairman, Diagnostic Radiography Technology Department

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CLINICAL PRACTICE STUDENT LOG-BOOK

STUDENT NAME: _____

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Prepared By:
Mrs. Jawaher Khalid Almaimani ..

❖ **GENERAL X-RAY**

Date : .....

- Clinical Site: (Outpatient - Inpatient - ER - Portable).
- Patient MRN: .....
- X-RAY FOR: .....
- Clinical Indication: "Please mention any Important Abbreviation"

_____

➢ Patient Position : ○ Supine ○ Prone ○ Erect ○ Other _____

➢ Projections : ○ AP ○ PA ○ Lateral ○ Oblique

➢ Modified Projection: _____

➢ CP: _____

➢ CR: ○ Perpendicular ○ Angulation _____

➢ SID / Grid : ○ Green (100cm) ○ Yellow (180cm)
○ RED ○ Blue

➢ Area of Interest / FOV: _____

➢ Radiation Protection: ○ Thyroid Collar ○ Gonad shield
○ Lead Aprons ○ Other _____

• Comments: _____

❖ **GENERAL X-RAY**

Date : .....

- Clinical Site: (Outpatient - Inpatient - ER - Portable).
- Patient MRN: .....
- X-RAY FOR: .....
- Clinical Indication: "Please mention any Important Abbreviation"

_____

➢ Patient Position : ○ Supine ○ Prone ○ Erect ○ Other _____

➢ Projections : ○ AP ○ PA ○ Lateral ○ Oblique

➢ Modified Projection: _____

➢ CP: _____

➢ CR: ○ Perpendicular ○ Angulation _____

➢ SID / Grid : ○ Green (100cm) ○ Yellow (180cm)
○ RED ○ Blue

➢ Area of Interest / FOV: _____

➢ Radiation Protection: ○ Thyroid Collar ○ Gonad shield
○ Lead Aprons ○ Other _____

• Comments: _____

J. Almaimani

Approved by: Dr. Jehad S. Felemban, Chairman, Diagnostic Radiography Technology Department

Clinical Practice Student Log-book

❖ FLOROSCOPY :

❑ Outpatient
❑ Inpatient

- Date: .....
- Patient MRN: .....

- Name of the Study: .....

• Reason of the Exam: "Please mention any Important Abbreviation"

_____

• **Patient Preparation:**

_____

_____

• **Preparing for the Procedure :**

○ Catheter ----------	○ Saline	○ Needles
○ Contrast Media	○ Gauze	○ Syringe
○ Sterile Gloves	○ Basins & Cups	

○ Others_____

_____

_____

➢ Patient Position : ○ Supine ○ Prone ○ Erect ○ Other _____

➢ Projections : ○ AP ○ PA ○ Lateral ○ Oblique ○ Other _____

○ Aim of each projection: _____

_____

_____

➢CP:

_____

➢ CR: ○ Perpendicular ○ Angulation _____

➢ Coverage Area/ FOV: _____

➢Radiation Protection: ○ Thyroid Collar ○ Gonad shield
○ Lead Aprons ○ Other _____

➢Type of CM : ○ Telebrix ○ Xenetix ○ Other _____
➢Rote of CM : ○ Oral ○ IV ○ Rectum ○ Other _____

➢**Patient After Care :** _____

_____

•Comments:

_____

J. Almaimani

❖ COMPUTED TOMOGRAPHY

- Date : .....
- Patient MRN: .....
- Name of the Study: .....

• Reason of the Exam: "Please mention any Important Abbreviation"

_____

_____

•Preparing for CT Scan:

○ Saline	○ Needles	○ Contrast Media	○ Gauze
○ Syringe	○ Gloves		

○ Others_____

_____

_____

➢ Scout (Topogram) : ○ Coronal ○ Sagittal ○ Axial ○ Other _____

➢ Patient Position : ○ Supine ○ Prone ○ Other _____

➢ Scan Direction : ○ Head First ○ Feet First ○ Other _____

➢ CP: _____

➢ Coverage Area / FOV: _____

➢ Type of CM : ○ Telebrix ○ Xenetix ○ Other _____

➢Rote of CM : ○ Oral ○ IV ○ Rectum ○ Other_____

• Comments:

_____

_____

_____

_____

J. Almaimani

❖ **ULTRASOUND,** - Date : .....
- Clinical Site: (Outpatient / Inpatient)
- Patient MRN: .....
- Name of the Study: ....

- Reason of the Exam: "Please mention any Important Abbreviation"

.....

- Type of Transducer used: ○ Linear Array ○ Convex Array
  ○ Sector Array ○ Other ----------

❑ **Renal US:**

○ Kidney Size : RT ..... cm , LT ..... cm
○ Echogenicity : RT : ○ Normal ○ Hyperechoic ○ Hypoechoic ○ anechoic
LT : ○ Normal ○ Hyperechoic ○ Hypoechoic ○ anechoic
○ Collecting system : RT: ○ Normal ○ Other .....
LT: ○ Normal ○ Other .....
○ Bladder Volume: Prevoid ..... cc , Postvoid cc
- Comments:.....
.....

❑ **Abdomen US:**

○ Aorta ..... cm
○ IVC ..... cm
○ Liver :
- Size: ○ Normal ..... cm ○ Abnormal ..... cm
- Echogenicity: ○ Normal ○ Hyperechoic ○ Hypoechoic ○ anechoic
○ PV ..... cm , CBD ..... cm
○ GB ○ Normal ..... cm ○ Abnormal ..... cm [.....]
○ Pancreas ○ Normal ○ Abnormal [.....]
○ Kidney Size : RT ..... cm , LT ..... cm
○ Spleen ..... cm
- Comments:.....
.....

❑ **Thyroid US :**

○ RT Lobe size: ..... cm
○ LT Lobe size: ..... cm
○ Isthmus ..... cm
- Comments:.....
.....
.....

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❖ **ULTRASOUND,** - Date : .....
- Clinical Site: (Outpatient / Inpatient / OB- GYN)
- Patient MRN: .....
- Name of the Study: ....

- Reason of the Exam: "Please mention any Important Abbreviation"

.....

- Type of Transducer used: ○ Linear Array ○ Convex Array
  ○ Sector Array ○ Other ----------

❑ **Pelvic US:**

○ Uterus Size : .....
○ Endometrium ; ..... mm
○ RT Ovary Size ..... cm
○ LT Ovary Size ..... cm
○ Bladder Volume: Prevoid ..... cc , Postvoid cc
○ Comments:.....
.....

❑ **Other** ..... :

○ Steps and Parts included in the scan:
○ .....
○ .....
○ .....
○ .....
○ .....
○ .....
○ .....
○ .....
○ .....
○ .....
○ .....
○ .....
○ .....
○ .....
○ .....

- Comments:.....
.....
.....

J. Almaimani

Approved by: Dr. Jehad S. Felemban, Chairman, Diagnostic Radiography Technology Department

❖ **ANGIOGRAPHY,** - Date : _____
- Name of the Procedure: _____
- Patient MRN: _____

•Request of the Patient :

➢Reason of the Exam: "Please mention any Important Abbreviation"

_____

_____

•Preparing for the Procedure :

○ Angio Drape	○ Skin Prep Solution	○ Local Ansethia
○ Suture	○ Introducer Sheath	○ Peel away Sheath
○ Catheter ----------	○ Heparin Saline	○ Saline
○ US probe cover	○ Needles	○ Scalpel
○ Contrast Media ----------	○ Puncture Needle	○ Gauze
○ Guide wire ----------	○ Dilators	○ Syringe
○ Stent ----------	○ Sterile Gowns & Gloves	○ Basins & Cups

○ Others_____

➢Site of Puncture: ○ Femoral ○ Radial ○ Basilic Vein ○ Other ----------

➢Radiation Protection: ○ Thyroid Collar ○ Gonad shield ○ Lead Aprons

➢Dose Delivered Accumulation: _____

➢Comments:_____

_____

• In case this procedure is cancelled, Explain the reason.

_____

❖ **DOPPLER ULTRASOUND** - Date: _____
- Patient MRN: _____
- Name of the Study: _____

Reason OR Diagnosis: "Please mention any Important Abbreviation"

_____

- Type of Transducer used: ○ Linear Array ○ Convex Array ○ Sector Array
- ○ Negative Study **OR** ○ Positive Study
- Comments _____

➢ **In case of Lower Extremity Venous Doppler (DVT):**

- ○ Negative Study **OR** ○ Positive Study
- DVT Diagnostic Features: ○ NO Color Filing ○ NO Compression
  ○ Echogenic clot ○ Other ----------
- Comments:

_____

J. Almaimani