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Esophagus		Normal wall layers	Esophageal cancer staging
		· · · ·	Subepithelial lesions
Stomach		Normal wall layers	Gastric cancer staging
		· · · ·	Subepithelial lesions
Duodenum		Normal wall layers	Subepithelial lesions, polyps
Ampulla		Normal appearance	Ampullary polyps/masses
Pancreas		Normal parenchyma	Parenchymal changes
			Solid masses
			Cystic lesions
		Normal ducts	Ductal changes
Biliary tree (intrahepatic, ex	trahepatic, cystic duct)	Normal appearance	Presence of stones, sludge
			Dilation
			Strictures
			Wall thickening
			Masses
			Foreign bodies (stents)
Gallbladder		Normal appearance	Stones, sludge, wall thickening Pericholecystic fluic
			Polyps/masses
Anorectum		Normal wall layers	Rectal cancer staging
	Intern	al and external anal sphincters	Sphincter abnormalities
			Fluid collections
			Subepithelial lesions
0 el Si.c.les	Med as	Abd e	Pe \s
Lymph nodes	Posterior	Celiac	Perirectal
	Inferior	Perigastric	Left iliac
	Aortopulmonary window	Gastrohepatic ligan	
		Portahepatis	
		Peripancreatic	
Vascular structures	Aorta	Aorta	lliac arteries and veins
	Pulmonary artery	Celiac artery	
	Azygous vein	SMA	
	Azygous vein	Splenic artery	
		Gastroduodenal artery	
		Portal vein	
		SMV	
		Splenic vein	
		IVC Happtic voirs	
New Classes		Hepatic veins	
Non-GI organs	Heart (left atrium)	Liver	Urinary bladder
	Lungs	Spleen	Prostate, seminal vesicles, urethra
	Trachea	Kidneys	Uterus, vagina
	Bronchi	Left adrenal glan	0

 $\mathit{SMA},$ Superior mesenteric artery; $\mathit{SMV},$ superior mesenteric vein; IVC

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^{1.} ASGE Standards of Practice Committee; Faulx AL, Shivangi K, Acosta RD. The role of endoscopy in subepithelial lesions of the GI tract. Gastrointest Endosc 2017;85:1117-32.

^{2.} ASGE Technology Assessment Committee; Liu J, Carpenter S, Chuttani R,