

Patient Name: _____

Previous exam: _____

Date of birth: _____ Technologist: _____

ABDOMEN ULTRASOUND WORKSHEET

CLINICAL INFORMATION (CIRCLE ALL THAT APPLY):

Abdomen pain (RUQ, RLQ, LUQ, LLQ, epigastric), chest pain, hepatitis, liver disorder, known gallstone(s), nausea with or without vomiting, heartburn, splenomegaly, abdominal mass, abnormal serum enzyme levels, abnormal radiographs, abnormal CT study, abnormal liver scan.

OTHER CLINICAL INFORMATION OR SYMPTOMS: _____

Liver Normal Comments: _____

Gallbladder Normal Comments: _____

Murphy's sign NO YES

Intrahepatic Ducts Normal Comments: _____

CBD: _____ cm Comments: _____

Pancreas Normal Comments: _____

Spleen Normal Comments: _____

Right Kidney _____ x _____ x _____ mm

Left Kidney _____ x _____ x _____ mm

Aorta Normal Comments: _____

IVC Patent Comments: _____

Ascites No Yes Comments: _____

Other Comments: _____

Routine, no immediate call back necessary

Call report to: _____ Number or Pager: _____