

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

Previous exam: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Technologist: \_\_\_\_\_

## ABDOMEN RIGHT UPPER QUADRANT 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: \_\_\_\_\_

Technologist: \_\_\_\_\_ Previous Exam: No Yes \_\_\_\_\_

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Liver  Normal Comments: \_\_\_\_\_

Gallbladder  Normal Comments: \_\_\_\_\_

Murphy's sign  No  Yes

Intrahepatic Ducts  Normal Comments: \_\_\_\_\_

CBD: \_\_\_\_\_ mm Comments: \_\_\_\_\_

Pancreas  Normal Comments: \_\_\_\_\_

Right Kidney \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ mm

Comments: \_\_\_\_\_

IVC  Patent Comments: \_\_\_\_\_

Ascites:  No Yes Comments: \_\_\_\_\_

Other Comments: \_\_\_\_\_

Routine, no immediate call back necessary

Call report to: \_\_\_\_\_ Number or Pager: \_\_\_\_\_