

Patient Name: _____

Previous exam: _____

Date of birth: _____ Technologist: _____

ABDOMEN ULTRASOUND WORKSHEET

CLINICAL INFORMATION (CIRCLE ALL THAT APPLY):

Abdomen pain, vaginal bleeding, vaginal discharge, diarrhea, constipation

OTHER CLINICAL INFORMATION OR SYMPTOMS: _____

Appendix Not Seen Seen Widest Diameter: _____mm

Non-compressible Compressible Rebound Tenderness

Comments: _____

RLQ Normal (no free fluid) Free Fluid

Comments: _____

Females Only

Right Ovary Size: _____ x _____ x _____ mm Normal Doppler

Comments: _____

Routine Stat/Urgent

Call Report to: _____ Number/Pager: _____