

ABDOMINAL ULTRASOUND

Name: _____ Date: _____

Physician: _____ DOB: ____/____/____ Age: _____

Sonographer: _____

Clinical Indications: _____

Liver: Normal Fatty Homogeneous Heterogeneous Ductal Dilation

(Right Lobe) _____ cm (Left Lobe) _____ cm

Doppler:

Portal: hepatopetal abnormal

Hepatic Artery: patent abnormal

Hepatic Vein: hepatofugal abnormal

Gallbladder: Normal Sludge Polyp(s) Stones Murphy's Sign

Wall thickness: _____ cm CD: _____ cm

Kidneys: Right: _____ cm _____ RI Cortex _____ cm

Left: _____ cm _____ RI Cortex _____ cm

Spleen : _____ cm; _____

Pancreas: _____

IVC : _____

Aorta: proximal(cm) _____ mid(cm) _____ distal(cm) _____

Additional comments: _____

*****Any lesion which is measured must have image documentation of color Doppler flow*****