

LIVER ULTRASOUND

Name: _____ Date: _____
 Physician: _____ DOB: ____/____/____ Age: ____
 Sonographer: _____

Clinical Indication: _____

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

Additional Comments: _____

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