

RUQ 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

Renal: Right: _____ cm _____ RI Cortex _____ cm

IVC: _____ **Pancreas**: _____

Additional Comments: _____

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