

## Cardiovascular Imaging Laboratory Abdominal Ultrasound Study Report

<b>Name:</b>		<b>Patient ID:</b>			
<b>Exam Date:</b>	<b>Exam Number:</b>	<b>Ht:</b> in	<b>Wt:</b> lb	<b>BSA:</b>	<b>m<sup>2</sup></b>
<b>Sonographer:</b>		<b>DOB:</b>	<b>Age:</b> Yrs	<b>Gender:</b>	
<b>Previous Study:</b>		<b>Study Location:</b>			
<b>Reading Physician:</b>		<b>Ordering Physician:</b>			
<b>Primary Care Physician:</b>		<b>Copy To:</b>			
<b>Medications:</b>					
<b>Indications:</b>					
<b>Risk Factors and Assessment:</b>					
<b>Procedure:</b>					

RIGHT KIDNEY
<b>Length:</b> cm
<b>Echogenicity:</b>
<b>Positive Findings:</b>

LEFT KIDNEY
<b>Length:</b> cm
<b>Echogenicity:</b>
<b>Positive Findings:</b>

LIVER/BILIARY
<b>Echogenicity:</b> Homogeneous
<b>Liver Length (if enlarged):</b> cm
<b>Dilated Bile Ducts:</b>
<b>CBD Diameter:</b> mm

GALLBLADDER
<b>Surgically Absent:</b>
<b>Stones:</b>
<b>Polyyps:</b>
<b>Sludge:</b>
<b>Murphy's Sign:</b>
<b>GB Wall Thickness (if enlarged):</b> mm

PANCREAS
<b>Echogenicity:</b> Homogeneous
<b>Size (if enlarged):</b> cm
<b>Head:</b> cm
<b>Body:</b> cm
<b>Tail:</b> cm
<b>Pancreatic Duct Size (if dilated):</b> mm

AORTA/IVC
<b>IVC:</b> Normal appearance
<b>Max Aorta Diameter:</b> cm
<b>Proximal:</b> cm
<b>Mid:</b> cm
<b>Distal:</b> cm
<b>AAA Location (if applicable):</b>

SPLEEN
<b>Length:</b> cm
<b>Size:</b> cm
<b>Other:</b>

BLADDER
<b>Pre-Void Vol:</b> cc
<b>Post-Void Vol:</b> cc
<b>Other:</b>

FLUID SURVEY
<b>Ascites Location:</b>

CONCLUSIONS

Electronically Signed