

US ABDOMEN (ASCITES)

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ___/___/___

SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

ASCITES	ABSENT / NORMAL	
	PRESENT	RUQ • RLQ • LLQ • LUQ
		MILD • MODERATE • SEVERE
OTHER		

US ABDOMEN COMPLETE (WITHOUT DOPPLER)

DATE: ____/____/____

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ____/____/____

SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

AORTA	Normal	Suboptimal	Abnormal		Max Size : ____ cm
IVC	Normal	Suboptimal	Abnormal		
PANCREAS	Normal	Suboptimal	Abnormal		
LIVER	Normal	Suboptimal	Abnormal		Max Size : ____ cm
				PV Flow: Hepatopetal · Hepatofugal	
GALLBLADDER	Normal	Absent	Abnormal	Sonographic Murphy's Sign : + -	
DUCT	Normal	Suboptimal	Abnormal		Size : _____
RIGHT KIDNEY	Normal	Suboptimal	Abnormal	Size : ____ cm x ____ cm x ____ cm	
LEFT KIDNEY	Normal	Suboptimal	Abnormal	Size : ____ cm x ____ cm x ____ cm	
SPLEEN	Normal	Suboptimal	Abnormal		Size : ____ cm
BLADDER	Normal	Suboptimal	Abnormal		
OTHER					

US ABDOMEN COMPLETE (W/DOPPLER)

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ___/___/___

SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

AORTA	Normal	Suboptimal	Abnormal		Max Size : ____ cm
IVC	Normal	Suboptimal	Abnormal		
PANCREAS	Normal	Suboptimal	Abnormal		
LIVER	Normal	Suboptimal	Abnormal		Max Size : ____ cm
GALLBLADDER	Normal	Absent	Abnormal	Sonographic Murphy's Sign : + -	
DUCT	Normal	Suboptimal	Abnormal		Size : _____
RIGHT KIDNEY	Normal	Suboptimal	Abnormal	Size : ____ cm x ____ cm x ____ cm	
LEFT KIDNEY	Normal	Suboptimal	Abnormal	Size : ____ cm x ____ cm x ____ cm	
SPLEEN	Normal	Suboptimal	Abnormal		Size : ____ cm
BLADDER	Normal	Suboptimal	Abnormal		
SPECTRAL DOPPLER	PORTAL VEIN		Hepatopedal · Hepatofugal		
	HEPATIC VEINS		Normal antegrade · Abnormal		
	HEPATIC ARTERIES		Normal antegrade · Abnormal		
OTHER					

US ABDOMEN LIMITED

DATE: ____/____/____

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ____/____/____

SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

PLEASE ONLY FILL OUT IMAGED ORGANS FOR LTD EXAM

AORTA	Normal	Suboptimal	Abnormal		Max Size : ____ cm
PANCREAS	Normal	Suboptimal	Abnormal		
LIVER	Normal	Suboptimal	Abnormal		Max Size : ____ cm
				PV Flow: Hepatopetal · Hepatofugal	
GALLBLADDER	Normal	Absent	Abnormal		
				Sonographic Murphy's Sign : + -	
DUCT	Normal	Suboptimal	Abnormal		Size : _____
RIGHT KIDNEY	Normal	Suboptimal	Abnormal		
				Size : ____ cm x ____ cm x ____ cm	
LEFT KIDNEY	Normal	Suboptimal	Abnormal		
				Size : ____ cm x ____ cm x ____ cm	
SPLEEN	Normal	Suboptimal	Abnormal		Size : ____ cm
OTHER					

US ABDOMEN LTD (RLQ APPENDIX)

DATE: ____/____/____

TECH: _____

ID #: _____

PATIENT NAME: _____ DOB: ____/____/____ SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

APPENDIX	Not Visualized	Visualized
OTHER		

Tech Summary:

US ABDOMEN LTD (RUQ)

DATE: ____/____/____

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ____/____/____

SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

PANCREAS	Normal	Suboptimal	Abnormal	
LIVER	Normal	Suboptimal	Abnormal	Max Size : _____ cm
				PV Flow: Hepatopetal · Hepatofugal
GALLBLADDER	Normal	Absent	Abnormal	Sonographic Murphy's Sign : + -
DUCT	Normal	Suboptimal	Abnormal	Size : _____
RIGHT KIDNEY	Normal	Suboptimal	Abnormal	
				Size : _____ cm x _____ cm x _____ cm
OTHER				

Tech Summary:

US AORTA (WITHOUT DOPPLER)

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ___/___/___

SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

PROXIMAL	Normal	Max dimension: _____ cm
MID	Normal	Max dimension: _____ cm
DISTAL	Normal	Max dimension: _____ cm
RIGHT ILIAC	Normal	Max dimension: _____ cm
LEFT ILIAC	Normal	Max dimension: _____ cm

Normal = Less than 3 cm (most adults) **OR** less than 1.5 X proximal aorta (small adults)

AAA (If present)	Fusiform · Saccular
	Suprarenal · Infrarenal
	Mural thrombus: YES · NO
	Length: _____ cm

Tech Summary:

US AORTA (W/DOPPLER)

DATE: ____/____/____

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ____/____/____

SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

PROXIMAL	Normal	Max dimension: _____ cm	
MID	Normal	Max dimension: _____ cm	
DISTAL	Normal	Max dimension: _____ cm	
RIGHT ILIAC	Normal	Max dimension: _____ cm	
LEFT ILIAC	Normal	Max dimension: _____ cm	
Normal = Less than 3 cm (most adults) OR less than 1.5 X proximal aorta (small adults)			
AAA (if present)	Fusiform · Sacular		
	Suprarenal · Infrarenal		
	Mural thrombus: YES · NO		
	Length: _____ cm		
DOPPLER	PROXIMAL	Normal (low resistance)	Abnormal
	DISTAL	Normal (triphasic)	Abnormal

Tech Summary:

US BLADDER

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ___/___/___

SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

BLADDER	Normal	Suboptimal	Abnormal		Wall Thickness:
PRE-VOID VOLUME	Measured Volume: _____ mL				
POST-VOID VOLUME	Measured Volume: _____ mL				
OTHER					

Tech Summary:

US CHEST

DATE: ____/____/____

TECH: _____

ID #: _____

PATIENT NAME: _____ DOB: ____/____/____ SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

CHEST	LEFT	RIGHT	BILATERAL
EFFUSION	NONE	MILD MODERATE LARGE	
OTHER			

Tech Summary:

US GALLBLADDER

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____ DOB: ___/___/___ SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

LIVER	Normal	Suboptimal	Abnormal	Max Size : _____ cm
				PV Flow: Hepatopetal · Hepatofugal
GALLBLADDER	Normal	Absent	Abnormal	Sonographic Murphy's Sign : + -
DUCT	Normal	Suboptimal	Abnormal	Size : _____ mm
OTHER				

Tech Summary:

US LIVER

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ___/___/___

SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

PANCREAS	Normal	Suboptimal	Abnormal		
LIVER	Normal	Suboptimal	Abnormal		Max Size : _____ cm
				PV Flow: Hepatopetal · Hepatofugal	
GALLBLADDER	Normal	Absent	Abnormal		
				Sonographic Murphy's Sign : + -	
DUCT	Normal	Suboptimal	Abnormal		Size : _____ mm
OTHER					

Tech Summary:

US OB 1ST TRI (COMPLETE)

0 TO 14 WKS

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ___/___/___

SEX: M / F

ACUTE HX (location, duration, severity) :

LMP: _____

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

PROBE	TA		·	TV		·	TA/TV		
UTERUS	Normal	Abnormal						Size : ___ cm x ___ cm x ___ cm	
		Normal	Absent	Abnormal	Size : ___ cm x ___ cm x ___ cm				
Not Visualized	Size : ___ cm x ___ cm x ___ cm								
LEFT OVARY	Normal	Absent	Abnormal	Size : ___ cm x ___ cm x ___ cm					
		Not Visualized		Size : ___ cm x ___ cm x ___ cm					
CUL-DE-SAC FLUID	YES · NO								
OTHER									

GEST SAC	_____ cm
YOLK SAC	+ -
EMB/FETAL POLE	+ -
CRL	_____ cm
CARDIAC MOTION	+ -
FETAL HR	_____ bpm

EGA	___ wks ___ days
EDD	___/___/___

DOPPLER
Intact Bilaterally · Absent Right · Absent Left

Tech Summary:

US OB 1ST TRI (LIMITED)

0 TO 14 WKS

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ___/___/___

SEX: M / F

ACUTE HX (location, duration, severity) :

LMP: _____

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

PROBE	TA	TV	TA/TV
UTERUS	Normal	Abnormal	Size : ___ cm x ___ cm x ___ cm
		Normal	
RIGHT OVARY	Normal	Absent	Abnormal Size : ___ cm x ___ cm x ___ cm
		Not Visualized	
LEFT OVARY	Normal	Absent	Abnormal Size : ___ cm x ___ cm x ___ cm
		Not Visualized	
CUL-DE-SAC FLUID	YES · NO		
OTHER			

PREGNANCY details below (IF IUP OR EUP IDENTIFIED)

Tech Summary:

US OB 2ND & 3RD TRI (COMPLETE)

14 TO 40 WKS

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ___/___/___

SEX: M / F

ACUTE HX (location, duration, severity) :

LMP: _____

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT
 Smoking ETOH Obesity Renal Failure
 Surgeries: _____

COMPARISON: YES · NO

DATE: _____

EGA	_____ wks _____ days	
EDD	___/___/___	
EFW	_____ grams _____ %	
PRESENTATION	CEPAHLIC/VERTEX · BREECH TRANSVERSE/OBLIQUE	
PLACENTAL POSITION		
PLACENTAL GRADE	0 · 1 · 2 · 3	
AFI	_____ cm	
AFI PERCENTILE	0 to 5 th	5 th to 50 th
	50 th to 95 th	95 th to 100

HEAD/INTRACRANIAL	Normal	Abnormal	Not Visualized
CAV. SEP. PELLUCIDI	Normal	Abnormal	Not Visualized
LIPS	Normal	Not Visualized	
SPINE	Normal	Abnormal	Not Visualized
STOMACH	Normal	Abnormal	Not Visualized
DIAPHRAGM	Intact	Abnormal	Not Visualized
KIDNEYS/BLADDER	Normal	Abnormal	Not Visualized
UPPER EXT	Normal	Abnormal	Not Visualized
LOWER EXT	Normal	Abnormal	Not Visualized

BPD	_____ cm _____ %
HC	_____ cm _____ %
AC	_____ cm _____ %
FL	_____ cm _____ %

UMBILICAL CORD	3V	Abnormal	Not Visualized
CORD INSERTION	Normal	Abnormal	Not Visualized
PLACENTAL CORD INSERTION	Central · Eccentric · Marginal · Velamentous		
MATERNAL UTERUS	Normal	Abnormal	
CERVICAL LENGTH	_____ cm		
RIGHT ADNEXA	Normal	Abnormal	Not Visualized
LEFT ADNEXA	Normal	Abnormal	Not Visualized

FETAL HR	_____ bpm		
4 CHAMBER HRT	+ -		
RVOT	Normal	Abnormal	Not Visualized
LVOT	Normal	Abnormal	Not Visualized

Tech Summary:

US OB 2ND & 3RD TRI (LIMITED)

14 TO 40 WKS

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____ DOB: ___/___/___ SEX: M / F

ACUTE HX (location, duration, severity) :

LMP: _____

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

EGA	_____ wks _____ days	
EDD	___/___/___	
EFW	_____ grams _____ %	
PRESENTATION	CEPAHLIC/VERTEX · BREECH TRANSVERSE/OBLIQUE	
PLACENTAL POSITION		
PLACENTAL GRADE	0 · 1 · 2 · 3	
AFI	_____ cm	
AFI PERCENTILE	0 to 5 th	5 th to 50 th
	50 th to 95 th	95 th to 100
BPD	_____ cm	
	_____ Weeks	_____ Days
	_____ %	
HC	_____ cm	
	_____ Weeks	_____ Days
	_____ %	
AC	_____ cm	
	_____ Weeks	_____ Days
	_____ %	
FL	_____ cm	
	_____ Weeks	_____ Days
	_____ %	

FETAL HR	_____ bpm	
MATERNAL UTERUS	Normal	Abnormal
CERVICAL LENGTH	_____ cm	

Tech Summary:

US OB BPP

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ___/___/___

SEX: M / F

ACUTE HX (location, duration, severity) :

LMP: _____

EGA: _____

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

COMPONENT	NORMAL (2 Points)	ABNORMAL (0 Points)	SCORE
Fetal Breathing Movements	One or more episodes of fetal breathing lasting 30 seconds within 30 minutes	No episodes of fetal breathing movements lasting at least 30 seconds within 30 minutes	
Gross Body Movement	3 or more discrete body or limb movements within 30 minutes	Less than 3 body or limb movements within 30 minutes	
Fetal Tone	One or more episodes of active extension and flexion of a fetal extremity OR opening and closing of the hand within 30 minutes	Slow extension with no return or slow return to flexion of a fetal extremity OR no fetal movement	
Amniotic Fluid Volume	Single pocket of fluid greater than 2 cm or AFI greater than 5 cm	Single pocket of fluid less than 2 cm	

FETAL POSITION/PRESENTATION	CEPAHLIC/VERTEX · BREECH · TRANSVERSE/OBLIQUE		
FETAL HR	_____ bpm		
EGA	_____ wks _____ days		
MVP	_____ cm	Normal (2 – 8 cm)	
AFI	_____ cm	Normal (5 – 25 cm)	
AFI PERCENTILE	0 to 5 th · 5 th to 50 th · 50 th to 95 th · 95 th to 100		

Tech Summary:

US PEDIATRIC (PYLORIC STENOSIS)

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ___/___/___

SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

PYLORUS	NORMAL	Longitudinal length < 15 mm
		Transverse single wall thickness < 3mm
	ABNORMAL	Food noted passing through pylorus: + -
		Longitudinal length : ____mm
		Transverse single wall thickness: ____mm
OTHER		

Tech Summary:

US PELVIS (WITHOUT DOPPLER)

DATE: ____/____/____

TECH: _____

ID #: _____

PATIENT NAME: _____ DOB: ____/____/____ SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

PROBE	TA	TV	TA/TV
UTERUS	Normal	Absent	Abnormal Size : ____ cm x ____ cm x ____ cm
		Not Visualized	
ENDOMETRIUM	Normal	Absent	Abnormal Thickness: ____ mm
RIGHT OVARY	Normal	Absent	Abnormal Size : ____ cm x ____ cm x ____ cm
		Not Visualized	
RIGHT ADNEXA	Normal	Absent	Abnormal
LEFT OVARY	Normal	Absent	Abnormal Size : ____ cm x ____ cm x ____ cm
		Not Visualized	
LEFT ADNEXA	Normal	Absent	Abnormal
CUL-DE-SAC FLUID	YES · NO		
OTHER			

Tech Summary:

US PELVIS (WITH DOPPLER)

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ___/___/___

SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

PROBE	TA	TV	TA/TV
UTERUS	Normal	Absent	Abnormal Size : ___ cm x ___ cm x ___ cm
			Abnormal
ENDOMETRIUM	Normal	Absent	Abnormal
RIGHT OVARY	Normal	Abnormal	SPECTRAL DOPPLER Intact · Absent Size : ___ cm x ___ cm x ___ cm
			Abnormal
RIGHT ADNEXA	Normal	Abnormal	
LEFT OVARY	Normal	Abnormal	SPECTRAL DOPPLER Intact · Absent Size : ___ cm x ___ cm x ___ cm
			Abnormal
LEFT ADNEXA	Normal	Abnormal	
CUL-DE-SAC FLUID	YES · NO		
OTHER			

Tech Summary:

US RENAL

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ___/___/___

SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

RIGHT KIDNEY	Normal	Suboptimal	Abnormal	
				Size : ___ cm x ___ cm x ___ cm
LEFT KIDNEY	Normal	Suboptimal	Abnormal	
				Size : ___ cm x ___ cm x ___ cm
BLADDER	Normal	Suboptimal	Abnormal	
OTHER				

Tech Summary:

US SCROTUM/TESTICULAR

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ___/___/___

SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

RIGHT		
TESTICLE	Normal	Abnormal Size : ___ cm x ___ cm x ___ cm
EPIDIDYMIS	Normal	Abnormal Max Dimension : _____ mm
PERITESTICULAR	Normal	Abnormal Hydrocele · Varicocele · Mass
FLOW	Intact	Absent
OTHER		

LEFT		
TESTICLE	Normal	Abnormal Size : ___ cm x ___ cm x ___ cm
EPIDIDYMIS	Normal	Abnormal Max Dimension : _____ mm
PERITESTICULAR	Normal	Abnormal Hydrocele · Varicocele · Mass
FLOW	Intact	Absent
OTHER		

Tech Summary:

US SOFT TISSUE

DATE: ____/____/____

TECH: _____

ID #: _____

PATIENT NAME: _____ DOB: ____/____/____ SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

IMAGED LOCATION		
	Normal	Abnormal
OTHER		

Tech Summary:

US THYROID (TI-RADS)

DATE: ____/____/____

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ____/____/____

SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

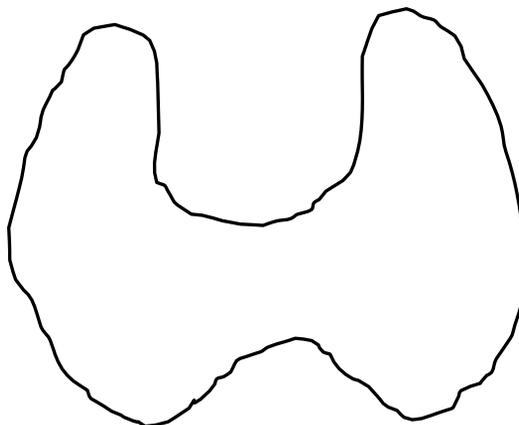
DATE: _____

RIGHT LOBE	Normal	Abnormal	Size : ____ cm x ____ cm x ____ cm
ISTHMUS	Normal	Abnormal	Thickness: ____ mm
LEFT LOBE	Normal	Abnormal	Size : ____ cm x ____ cm x ____ cm
VASCULARITY	Normal · Increased · Decreased		
OTHER			

RIGHT

LEFT

NODULES / CYSTS



NODULES / CYSTS

Tech Summary:

US VENOUS DUPLEX LOWER (DVT)

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ___/___/___

SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

RIGHT		VEIN	LEFT	
+	-	CFV	-	+
+	-	FV PROX	-	+
+	-	FV MID	-	+
+	-	FV DIST	-	+
+	-	POP V	-	+
+	-	CALF V	-	+
Abnormal/Flat	NORMAL	PHASIC FLOW	NORMAL	Abnormal/Flat
Absent/Not Performed	PRESENT	AUGMENTATION	PRESENT	Absent/Not Performed
OTHER				

Tech Summary:

US VENOUS DUPLEX UPPER (DVT)

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ___/___/___

SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

RIGHT		VEIN	LEFT	
+	-	INTERNAL JUG V	-	+
+	-	SUBLCAVIAN V	-	+
+	-	AXILLARY V	-	+
+	-	BRACHIAL V	-	+
+	-	CEPHALIC V	-	+
+	-	BASILIC V	-	+
Abnormal/Flat	NORMAL	PHASIC FLOW	NORMAL	Abnormal/Flat
OTHER				

Tech Summary:

US ARTERIAL DUPLEX - LOWER

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ___/___/___

SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

RIGHT		VESSEL	LEFT	
Waveform	Velocity (cm/s)		Velocity (cm/s)	Waveform
Tri Bi Mono		COMMON FEMORAL		Tri Bi Mono
Tri Bi Mono		PROFUNDA FEMORAL		Tri Bi Mono
Tri Bi Mono		PROXIMAL FEMORAL		Tri Bi Mono
Tri Bi Mono		MID FEMORAL		Tri Bi Mono
Tri Bi Mono		DISTAL FEMORAL		Tri Bi Mono
Tri Bi Mono		POPLITEAL		Tri Bi Mono
Tri Bi Mono		PROXIMAL ANTERIOR TIBIAL		Tri Bi Mono
Tri Bi Mono		DORSALIS PEDIS		Tri Bi Mono
Tri Bi Mono		POSTERIOR TIBIAL		Tri Bi Mono
OTHER				

Tech Summary:

US ARTERIAL DUPLEX - UPPER

DATE: ____/____/____

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ____/____/____

SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

RIGHT		ARTERY	LEFT	
Waveform	Velocity (cm/s)		Velocity (cm/s)	Waveform
Tri Bi Mono		COMMON CAROTID		Tri Bi Mono
Tri Bi Mono		SUBCLAVIAN		Tri Bi Mono
Tri Bi Mono		AXILLARY		Tri Bi Mono
Tri Bi Mono		BRACHIAL (PROXIMAL)		Tri Bi Mono
Tri Bi Mono		BRACHIAL (MID)		Tri Bi Mono
Tri Bi Mono		BRACHIAL (DISTAL)		Tri Bi Mono
Tri Bi Mono		RADIAL		Tri Bi Mono
Tri Bi Mono		ULNAR		Tri Bi Mono
OTHER				

Tech Summary:

US GROIN

DATE: ____/____/____

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ____/____/____

SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

PSEUDOANEURYSM	Absent	Present	Size : ____ cm x ____ cm x ____ cm
FISTULA	Absent	Present	
COMMON FEMORAL ARTERY	Patent	Occluded	
COMMON FEMORAL VEIN	Patent	Occluded	
OTHER			

Tech Summary:

US ABDOMEN LTD (SPLEEN)

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____ DOB: ___/___/___ SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

SPLEEN	Normal	Abnormal	Size : ___ cm x ___ cm x ___ cm
OTHER			

Tech Summary:

US PEDIATRIC CRANIAL

DATE: ____/____/____

TECH: _____

ID #: _____

PATIENT NAME: _____ DOB: ____/____/____ SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

Preterm _____ week gestation / term gestation

PRIOR: _____ /none

Intracranial Hemorrhage	PVL: Periventricular Leukomalacia
<p>Grade 1. Limited to Subependymal Region/Germinal Matrix.</p> <p>Grade 2. Hemorrhage extending into normal sized ventricles system, fill less than 50% of the volume of the ventricles.</p> <p>Grade 3. Hemorrhage extending into dilated ventricular system. Fills more than 50% or more of one or both lateral ventricles.</p> <p>Grade 4. Hemorrhage grade 1, 2, or 3 with intraparenchymal extension into brain tissue. Thought to be the sequelae of venous infarction.</p>	<p>Increased Periventricular Echogenicity</p> <p>Grade 1. Persisting more than seven days.</p> <p>Grade 2. Developing into Small Periventricular Cysts.</p> <p>Grade 3. Developing into Extensive Periventricular Cysts, Occipital and Fronto-Parietal.</p> <p>Grade 4. In deep white matter developing into extensive subcortical cysts.</p>
	
GERMINAL MATRIX HAEMORRHAGE: YES GRADE 1 2 3 4 / NO (CIRCLE)	GERMINAL MATRIX HAEMORRHAGE: YES GRADE 1 2 3 4 / NO (CIRCLE)
HYDROCEPHALUS	
NO / YES	INCREASED / DECREASED / UNCHANGED
PARENCHYMA : RIGHT	PARENCHYMA : LEFT
PVL: None / _____	PVL: None / _____

Tech Summary:

US LYMPH NODE MAPPING

DATE: ____/____/____

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ____/____/____

SEX: M / F

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

PRIOR: _____ DATE ____/____/____ NONE

PRIOR THYROIDECTOMY	Left / Right / Total / No
THYROID/THYROIDECTOMY BED ABNORMALITIES	Yes / No
TOTAL NUMBER OF ABNORMAL LYMPH NODES (round shape, absent hilum, or short axis >1cm)	Right: _____ Left: _____

TARGET NODE EVALUATION

Lymph node number	Prior number (if available)	Side and Level	Size in CM L x W x H	Appearance (circle one)	Change from prior (circle one)
				Enlarged Rounded Absent hilum	New None Larger Morphology change
				Enlarged Rounded Absent hilum	New None Larger Morphology change
				Enlarged Rounded Absent hilum	New None Larger Morphology change
				Enlarged Rounded Absent hilum	New None Larger Morphology change

Tech Summary:

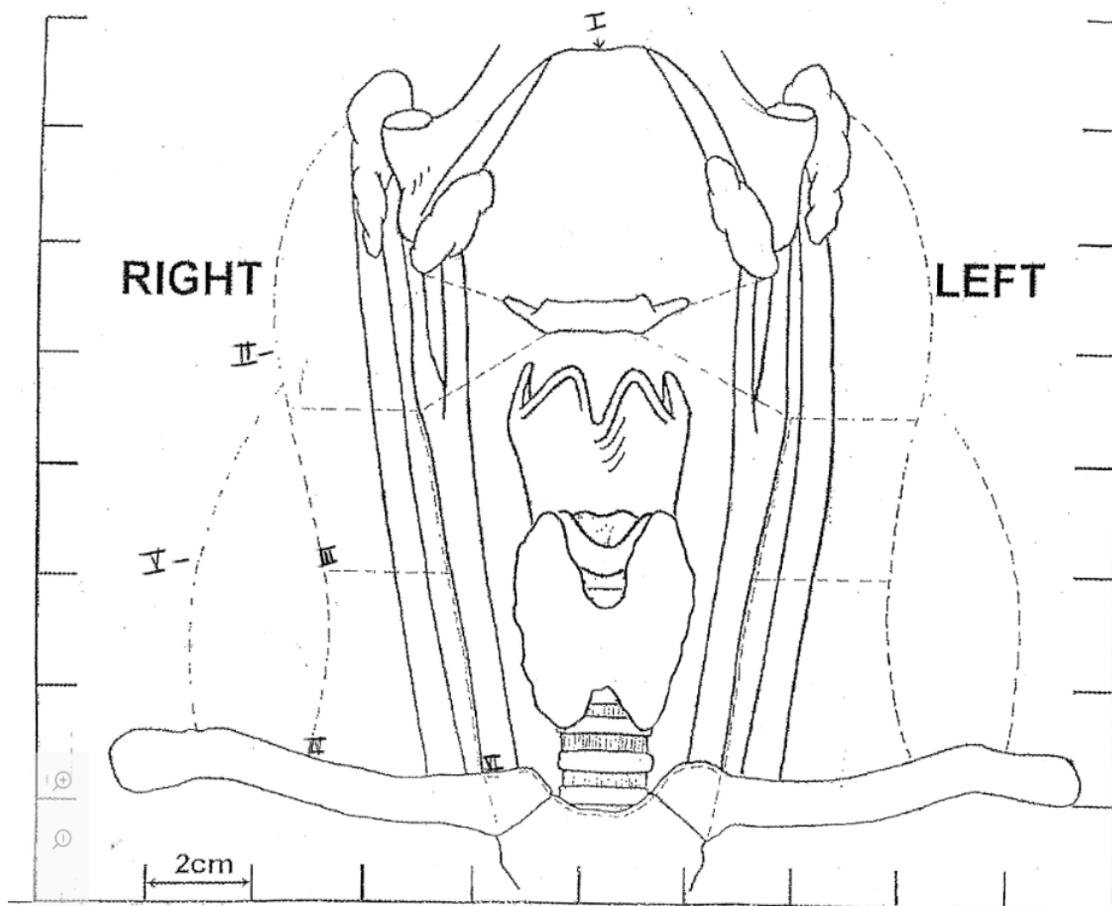
LYMPH NODE MAPPING CONTINUED...

FOR INTERNAL DOCUMENTATION ONLY

DO NOT SEND THIS PAGE TO PACS

UPDATED 11/12/25 -EA

TARGET NODE MAP	Document the largest lymph nodes, 4 maximum	Assign a separate number for each node and draw on map
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Tech Summary: <hr/> <hr/>

DATE: ____/____/____

DATE: ____/____/____

TECH: _____

ID #: _____

US FOLLICULAR ULTRASOUND (IVF MONITORING)

PATIENT NAME: _____ DOB: ____/____/____

ACUTE HX (location, duration, severity) :

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

PRIOR: _____ DATE / NONE Day of Cycle: _____

UTERUS	Endometrial Thickness	_____ mm (double layer, sagittal view)
	Endometrial Pattern	Tri-laminar / Homogeneous / Other

RIGHT OVARY	Ovarian Volume: _____ cm ³	LEFT OVARY	Ovarian Volume: _____ cm ³
	Follicles ≥10 mm: _____		Follicles ≥10 mm: _____
	Leading Follicles: 1. _____ mm 2. _____ mm 3. _____ mm (Average of 2 perpendicular diameters in largest plane)		Leading Follicles: 1. _____ mm 2. _____ mm 3. _____ mm (Average of 2 perpendicular diameters in largest plane)
	PCOS Pattern: Yes / No [Increased volume, ≥12 peripherally distributed small follicles]		PCOS Pattern: Yes / No [Increased volume, ≥12 peripherally distributed small follicles]

ADDITIONAL FINDINGS:	Free fluid in cul-de-sac: Present / Absent
-----------------------------	---

Tech Summary:

Tech Summary:

INTUSSUSCEPTION ULTRASOUND

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____ DOB: ___/___/___ SEX: M / F

ACUTE HX (location, duration, severity) :

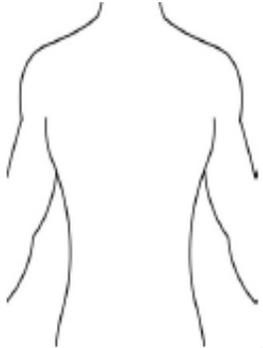
VOMITTING / BLOODY STOOL / FEVER /
 PALPABLE ABDOMEN MASS

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT
 Smoking ETOH Obesity Renal Failure

Surgeries: _____

PRIOR: _____ **DATE / NONE**

US FINDINGS	Size: _____ x _____ x _____ cm	LOCATION: RUQ LUQ RT MID LT MID ABD ABD RLQ LLQ PELVIS MIDLINE	
	Blood flow noted: Yes / No		
	Intussusception: Yes / No		
	Free fluid : Yes / No		



1. Intussusception occurs when bowel prolapses into more distal bowel.
2. Some symptoms patients may present with are colicky abdomen pain, vomiting and bloody stool.
3. A palpable abdominal mass may be noted.
4. In longitudinal, the mass will appear with an echogenic center with hypoechoic layers on each side.
5. In longitudinal, intussusception can have the appearance of a pseudokidney or sandwich sign.
6. In transverse, the mass will appear as alternating hypoechoic and hyperechoic rings (target sign)

Tech Summary:

INFANT HIP ULTRASOUND

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____ DOB: ___/___/___ SEX: M / F

ADJUSTED GESTATIONAL AGE: _____

ACUTE HX (location, duration, severity) :

INDICATIONS: _____

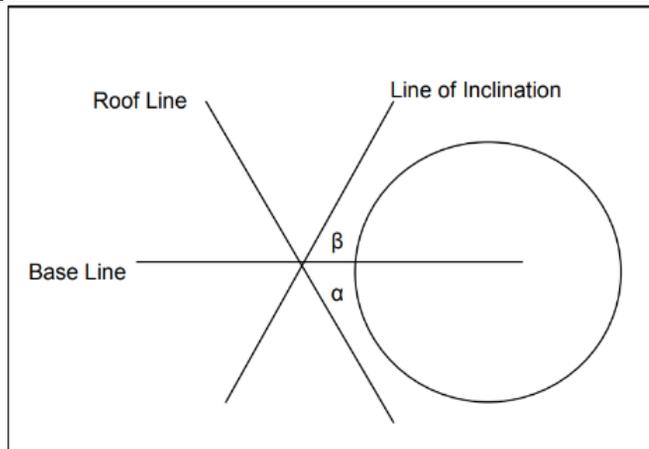
Hip Click - L / R Breech Presentation Twin

Oligohydramnios Hip Dislocation

Surgeries: _____

PRIOR: _____ **DATE / NONE**

	α	β	Graf Classification
Rt Hip	o	o	
Lt Hip	o	o	



Graf's Classification	α	β	Consequences
Type 1	$> 60^\circ$	$< 55^\circ$	No Therapy
Type 2a	$50^\circ-59^\circ$	$> 55^\circ$	< 3 mos - Physiological Immaturity - Follow-up
Type 2b	$50^\circ-59^\circ$	$> 55^\circ$	> 3 mos - Treatment
Type 2c	$43^\circ-49^\circ$	$< 77^\circ$	Critical Zone
Type 2d	$43^\circ-49^\circ$	$> 77^\circ$	Subluxed - labrum everted
Type 3	$< 43^\circ$	$> 77^\circ$	Dislocated
Type 4	$< 43^\circ$	$> 77^\circ$	Trapped between femoral head and ilium - Treatment

Tech Summary:

MISCELLANEOUS US WORKSHEET

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____ DOB: ___/___/___ SEX: M / F

ANATOMY/REGION EVALUATED: _____

ACUTE HX (location, duration, severity) :

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

CLINICAL INDICATION:

PRIOR: _____ **DATE / NONE**

ULTRASOUND FINDINGS:

Tech Summary:

