

US ABDOMEN COMPLETE (WITHOUT DOPPLER)

DATE: ____/____/____

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ____/____/____

SEX: M / F

ACUTE HX (location, duration, severity) :

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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					

Tech Summary:
