

US ABDOMEN LTD (RUQ)

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: _____

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:

