

US GALLBLADDER

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: _____

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:

