

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:
