

ULTRASOUND ABDOMINAL WORKSHEET

Patient's Name: _____ Date: _____

Clinical Indication for Exam: _____

Nausea/Vomiting Fever/Chills Diarrhea/Constipation Indigestion/Gas Pain Jaundice

Hematuria HTN Diabetes

Surgery: _____

Previous Ultrasound and Date: _____

Sonographer Performing Exam: _____

Liver: _____

CBD: _____

GB: _____

AO: _____

IVC: _____

Pancreas: _____

Rt. Kidney: _____

Lt. Kidney: _____

Spleen: _____

Free Fluid: _____



PT.

MR.#/RM.

DR.