

This is **NOT** an interpretation of the examination.  
See patient dictated report for radiologist findings & impression.

### AAA ULTRASOUND

Patient Name:	_____
ACC#:	_____
MRN#:	_____
DOB:	_____
Ref Physician:	_____

Site: \_\_\_\_\_  
Tech/ext: \_\_\_\_\_  
Date: \_\_\_\_\_

Reason for exam: \_\_\_\_\_

Abdominal Aorta:	Proximal:	_____ cm	AP	_____ cm	W
	Mid:	_____ cm	AP	_____ cm	W
	Distal:	_____ cm	AP	_____ cm	W

Common Iliac:	Right:	_____ cm	AP	_____ cm	W
	Left:	_____ cm	AP	_____ cm	W

Peri-aortic adenopathy:	Yes	No
Atherosclerotic changes:	Yes	No
Intraluminal thrombi:	Yes	No

Aneurysm: Yes No Location: \_\_\_\_\_

Current size:	_____ cm	AP	_____ cm	W
Previous size:	_____ cm	AP	_____ cm	W

Date: \_\_\_\_\_

Technologist Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_