

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

ABDOMEN ULTRASOUND

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

Site:	_____
Tech/ext:	_____
Date:	_____

Spleen: Normal Abnormal

LT Kidney: Normal Abnormal L_____AP_____W_____

Aorta: Normal Abnormal

IVC: Normal Abnormal

Liver: Normal Abnormal

RT Kidney: Normal Abnormal L_____AP_____W_____

Pancreas: Normal Abnormal

Gallbladder: Normal Abnormal Wall thickness_____ Murphy's Sign: Positive / Negative

Diameter of CBD: _____

COMMENTS:
