

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_____

Diameter of CBD: _____

COMMENTS:
