

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

ABDOMINAL DOPPLER

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

Site: _____
Tech/ext: _____
Date: _____

- Abdominal complete (all vessels evaluated)
- Abdominal limited:
(circle vessels evaluated) Area of interest _____
- If checked all appropriate vessels normal in direction, amplitude and without delayed upstroke.
- If abnormal, please mark next to each vessel which aspect (direction, amplitude or upstroke) is questioned.
 - Please indicate not visible for vessels that could not be evaluated.

ABDOMINAL

Aorta	_____	Renal artery (right)	_____
Inferior vena cava	_____	Renal artery (left)	_____
Hepatic artery	_____	Renal vein (right)	_____
HA RI: _____		Renal vein (left)	_____
Hepatic vein (right)	_____	Splenic artery	_____
Hepatic vein (mid)	_____	Splenic vein	_____
Hepatic vein (left)	_____	Celiac axis	_____
Portal vein (main)	_____	Superior mesenteric artery	_____
Portal vein (right)	_____	Superior mesenteric vein	_____
Portal vein (left)	_____	Inferior mesenteric artery	_____

Varices: Absent Present where _____

Common sites for varices: GI junction, recanalization of umbilical, spleen, gastric, abd wall, deep pelvis, rectal. Often associated with patients that present with hemorrhoids, ascities, cirrhosis and alcoholism.

Tech Comments: _____

