

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

Appendix

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

Site: _____
Tech/ext: _____
Date: _____

Reason for exam: _____

Appendix visualized: Yes No

 Tip visualized: Yes No

Maximum measurements:

 with compression: AP _____

 without compression: AP _____

Free fluid visualized: Yes No

 Location(s): _____

Lymph nodes visualized: Yes No

 quadrant(s) visualized: _____

 Mass visualized: Yes No

 location: _____

Technologist Comments: _____
