

Your
Hospital's
Logo
Here

ABDOMEN ULTRASOUND RECORD

NAME:		AGE:	MR#:	DATE:
SONOGRAPHER:		RADIOLOGIST:		PHYSICIAN:
INPUT:	OUTPUT:	ER 'A':	ER 'WIC':	

PATIENT HISTORY:

LAB DATA:

Bilirubin: _____ Amylase: _____

AlkPhos: _____ BUN: _____

SGOT: _____ Creatinine: _____

SGPT: _____ WBC: _____

OTHER IMAGING:

Previous Ultrasound? YES NO Previous CT Scan? YES NO

FINDINGS

GALL BLADDER: NEGATIVE

CBD: NEGATIVE

LIVER: NEGATIVE

SPLEEN: NEGATIVE

PANCREAS: NEGATIVE:

HEAD

BODY

TAIL

KIDNEYS: *RIGHT Measurement* NEGATIVE

LEFT Measurement NEGATIVE

AORTA: NEGATIVE

PART OF THE MEDICAL RECORD