

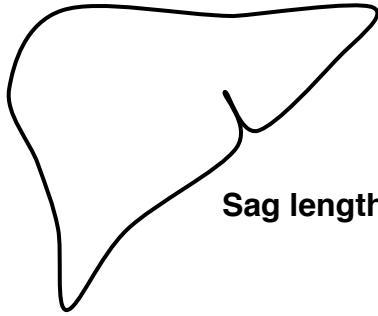
ABDOMINAL ULTRASOUND

Sonographer Worksheet - **INTERNAL USE ONLY**
For ultrasound interpretation, see radiologist's final report.

Pt. Name: _____

Date: _____

History: _____ **Previous Cholecystectomy:** Yes No



Sag length: _____ **cm**

Spleen: Normal Enlarged

Sag length: _____ **cm**

Liver: Normal Enlarged Heterogeneous Coarse Fatty

Surface: Smooth Lobulated

Portal Vein Patent: Yes No Obscured

Ascites: No Mild Mod Severe

GB: Normal Absent Echogenic Focus(es) Stone(s) Mobile Fixed Shadow Sludge

GB Wall Thickness: _____ **mm**

US Murphy's Sign Pos Neg

CBD: _____ **mm**

Pancreas: Normal Obscured (Head / Body / Tail)

Aorta Patent: Yes No Obscured **IVC Patent:** Yes No Obscured

R Kidney:

L Kidney:

_____ X _____ X _____ **cm**

_____ X _____ X _____ **cm**

Normal Hydro Cyst(s) Stone(s) Echogenic

Normal Hydro Cyst(s) Stone(s) Echogenic



Sonographer: _____