

Exam Date		Room #		Patient Name	
Tech Name		Tech Phone		DOB	
Ordering MD Name		Ordering MD Phone		MR#	
Nurse Name		Nurse Phone		(Sticker OR Fill-out)	

**Indication/History:**  Pain Site \_\_\_\_\_  ↑LFT  N/V  Cirrhosis  Pancreatitis  Mass

**Specify:** \_\_\_\_\_

Details	
<p><b>Liver:</b> Span midclavicular line (nl &lt;16 cm) _____ cm  <input type="checkbox"/> Steatosis mild moderate severe  <input type="checkbox"/> Surface nodularity <input type="checkbox"/> Parenchymal coarsening                      Portal vein: <input type="checkbox"/> Normal <input type="checkbox"/> Hepatofugal <input type="checkbox"/> Thrombus  <input type="checkbox"/> Intrahepatic biliary dilatation</p>	<p>Mass 1: Cystic/solid Size _____ cm                      Mass 2: Cystic/solid Size _____ cm                      Mass 3: Cystic/solid Size _____ cm</p>
<p><b>Gallbladder:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Contracted <input type="checkbox"/> Absent  <input type="checkbox"/> Stones <input type="checkbox"/> Fixed neck stone <input type="checkbox"/> Sludge <input type="checkbox"/> WES sign                      Wall _____ mm <input type="checkbox"/> Pericholecystic fluid <input type="checkbox"/> +Murphy's  <input type="checkbox"/> Adenomyomatosis Focal Segmental Fundal</p>	<p><input type="checkbox"/> Polyps # _____ Max size _____ mm                      Sessile Y / N <input type="checkbox"/> Vascular pedicle  <input type="checkbox"/> Focal wall thickening <input type="checkbox"/> Mass</p>
<p><b>CBD:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Dilated Diameter _____ mm  <input type="checkbox"/> Choledocholithiasis _____ mm <input type="checkbox"/> Mass  <input type="checkbox"/> Incompletely visualized <input type="checkbox"/> Totally obscured</p>	
<p><b>Pancreas:</b> <input type="checkbox"/> Head <input type="checkbox"/> Body <input type="checkbox"/> Tail <input type="checkbox"/> Totally obscured  <input type="checkbox"/> Duct dilated (nl &lt;3 mm) _____ mm  <input type="checkbox"/> Mass Size _____ Cystic Solid</p>	
<p><b>Right Kidney:</b> Size _____ x _____ x _____ cm  <input type="checkbox"/> Normal <input type="checkbox"/> Echogenic <input type="checkbox"/> Cortical thinning  <input type="checkbox"/> Hydronephrosis mild moderate severe <input type="checkbox"/> Stone</p>	<p>Mass 1: Cystic/solid Size _____ cm                      Mass 2: Cystic/solid Size _____ cm                      Mass 3: Cystic/solid Size _____ cm</p>
<p><b>Left Kidney:</b> Size _____ x _____ x _____ cm  <input type="checkbox"/> Normal <input type="checkbox"/> Echogenic <input type="checkbox"/> Cortical thinning  <input type="checkbox"/> Hydronephrosis mild moderate severe <input type="checkbox"/> Stone</p>	<p>Mass 1: Cystic/solid Size _____ cm                      Mass 2: Cystic/solid Size _____ cm                      Mass 3: Cystic/solid Size _____ cm</p>
<p><b>Spleen:</b> Size _____ x _____ x _____ cm  <input type="checkbox"/> Mass _____ cm</p>	
<p><b>Aorta:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Incompletely visualized <input type="checkbox"/> Plaque  <input type="checkbox"/> Aneurysm size _____</p>	
<p><b>IVC:</b> <input type="checkbox"/> Mass <input type="checkbox"/> Incompletely visualized <input type="checkbox"/> Thrombus</p>	
<p><b>Other:</b> <input type="checkbox"/> Ascites <input type="checkbox"/> Pleural effusion R L <input type="checkbox"/> Hernia  <input type="checkbox"/> Lymphadenopathy</p>	Reason for Nonvis:

**IMPRESSION/SUMMARY:** \_\_\_\_\_