UNITED IMAGING
CONSULTANTS

RUQ/Limited Abdominal Ultrasound

Exam Date		Room #	
Tech Name		Tech Phone	
Ordering MD Name		Ordering MD Phone	
Nurse Name		Nurse Phone	

Patient Name	
DOB	
MR#	
(Sticker OR Fill-out)	

Indication/History: ☐ Pain Site _____ ☐ ↑LFT ☐ N/V ☐ Cirrhosis ☐ Pancreatitis ☐ Mass

Specify: _____

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

Reasons for nonvisualization: _____

IMPRESSION/SUMMARY:_____

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