

# ABDOMINAL ULTRASOUND

COMPLETE 76700       LIMITED 76705

Patient Name _____
DOB _____
MRN _____

Date \_\_\_\_\_ Provider \_\_\_\_\_ Tech \_\_\_\_\_

**HISTORY:**

- |   |  |                                   |                                   |                                      |
|---|--|-----------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Abdominal Pain                       | <input type="checkbox"/> Nausea                  | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Weight Loss |
| <input type="checkbox"/> Diffuse                              |  |                                   |                                   |                                      |
| <input type="checkbox"/> RUQ                                  | <input type="checkbox"/> Abnormal Labs: _____    |                                   |                                   |                                      |
| <input type="checkbox"/> LUQ                                  | <input type="checkbox"/> Surgical History: _____ |                                   |                                   |                                      |
| <input type="checkbox"/> RLQ                                  |  |                                   |                                   |                                      |
| <input type="checkbox"/> LLQ                                  |  |                                   |                                   |                                      |
| <input type="checkbox"/> Flank Rt <input type="checkbox"/> Lt | <input type="checkbox"/> Other History: _____    |                                   |                                   |                                      |

**PANCREAS** HEAD: \_\_\_\_\_ BODY: \_\_\_\_\_ TAIL: \_\_\_\_\_

**AORTA** at level of SMA: \_\_\_\_\_ cm      **IVC** at level of liver: \_\_\_\_\_

**LIVER:** \_\_\_\_\_

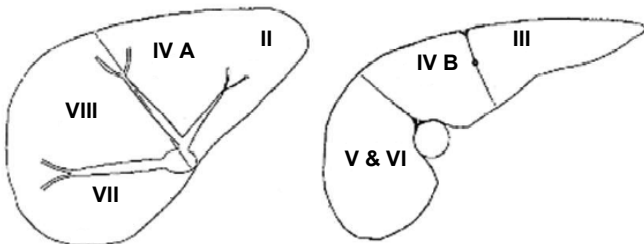
**GALLBLADDER:** \_\_\_\_\_

Sonographic Murphy's Sign:   Y      N      WALL: \_\_\_\_\_ mm      CBD: \_\_\_\_\_ mm

**RIGHT KIDNEY:** \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm

**LEFT KIDNEY:** \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm

**SPLEEN:** \_\_\_\_\_ cm



	Couinaud Traditional
Segment I	Caudate lobe
Segment II	Lateral segment left lobe (superior)
Segment III	Lateral segment left lobe (inferior)
Segment IV	Medial segment left lobe
Segment V	Anterior segment right lobe (inferior)
Segment VI	Posterior segment right lobe (inferior)
Segment VII	Posterior segment right lobe (superior)
Segment VIII	Anterior segment right lobe (superior)