ABDOMINAL ULTRASOUND

☐ **COMPLETE 76700** ☐ **LIMITED 76705** ☐ **RUQ 76705**

Patient Name

DOB

MRN

Date _____ Provider _____Tech _____

HISTORY:

☐ Abdominal Pain ☐ Nausea ☐ Vomiting ☐ Diarrhea ☐ Weight Loss

☐ Diffuse
☐ RUQ
☐ LUQ
☐ RLQ
☐ LLQ
☐ Flank Rt ☐ Lt ☐

☐ Abnormal Labs: _____

☐ Surgical History: _____

☐ 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

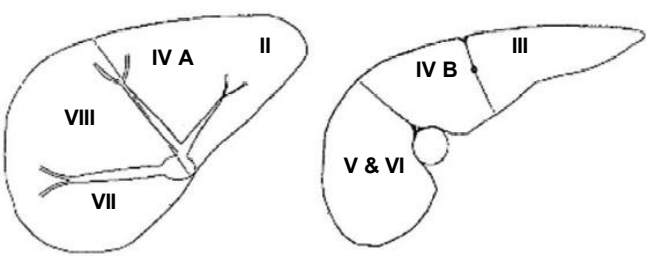
RIGHT KIDNEY: _____ x _____ x _____cm

_____

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)