



For All Your Mobile Ultrasound Needs

ABDOMINAL SONOGRAM

Date of Exam: _____ Patient's Phone: _____

Patient Name: _____ DOB: _____

Referring MD: _____ Reason For Sonogram: _____

Liver _____	Normal	Abnormal
Spleen _____	Normal	Abnormal
GB _____	Normal	Abnormal
CBD _____	Normal	Abnormal
Pancreas _____	Normal	Abnormal
Rt Kidney _____	Normal	Abnormal
Lt Kidney _____	Normal	Abnormal
Aorta _____	Normal	Abnormal
IVC _____	Normal	Abnormal

Comments_____

TECHNOLOGIST: _____

Color Doppler Applied?

- No**
- Yes** Comments if YES _____