

# Abdominal Ultrasound Radiology Report

Patient Name:	_____	Patient ID:	_____
Date of Exam:	_____	Referring Physician:	_____
Date of Birth:	_____	Sex:	_____

## Clinical History

\_\_\_\_\_  
\_\_\_\_\_

## Technique

Real-time ultrasound imaging of the abdomen was performed.

## Findings

Liver: \_\_\_\_\_

Gallbladder/Biliary tree: \_\_\_\_\_

Pancreas: \_\_\_\_\_

Spleen: \_\_\_\_\_

Kidneys: \_\_\_\_\_

Aorta/IVC: \_\_\_\_\_

Other: \_\_\_\_\_

## Impression

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Radiologist: \_\_\_\_\_ Date: \_\_\_\_\_