

**McLaren Print System Order**

Order No: 63488  
 Order Date: 2021-07-05  
 User: Kristy Suerwier  
 Phone: 989-672-5111

Ship Location: McLaren Caro Region  
 401 North Hooper St  
 Caro, MI 48723

**Forms**

Quantity: 100  
 Paragon Dept No: 27290  
 Dept Name: Ultrasound  
 Company Number: 510

Order Total Price: 0.00

Item Number: US 5  
 Item Description: ABDOMINAL ULTRASOUND  
 Revision Date: 05/2010  
 Print: 1 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: None  
 Misc Info: SS; BLACK; BOND PAPER



CARO REGION ULTRASOUND RETROPERITONEAL EVALUATION

Patient Name: \_\_\_\_\_ DATE: \_\_\_\_\_  
 DOB: \_\_\_\_\_ MR#: \_\_\_\_\_ REFERRING PHYSICIAN: \_\_\_\_\_  
 Reason For Exam: \_\_\_\_\_

<b>AORTA:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Atherosclerotic <input type="checkbox"/> Tortuous <input type="checkbox"/> Aneurysm: _____ _____ x _____ cm	<b>IVC:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal  <b>Pancreas:</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
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**Bladder:**  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>RIGHT KIDNEY</b> _____ x _____ cm <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal RI: _____ PSV: _____ cm/s <input type="checkbox"/> Hydronephrosis <input type="checkbox"/> Stones <input type="checkbox"/> Atrophic <input type="checkbox"/> Cortical Thinning <input type="checkbox"/> Increased Renal Echogenicity <input type="checkbox"/> Mass: _____ _____ x _____ cm _____ x _____ cm _____ x _____ cm	<b>LEFT KIDNEY</b> _____ x _____ cm <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal RI: _____ PSV: _____ cm/s <input type="checkbox"/> Hydronephrosis <input type="checkbox"/> Stones <input type="checkbox"/> Atrophic <input type="checkbox"/> Cortical Thinning <input type="checkbox"/> Increased Renal Echogenicity <input type="checkbox"/> Mass: _____ _____ x _____ cm <input type="checkbox"/> Cyst: _____ _____ x _____ cm _____ x _____ cm _____ x _____ cm
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Comments: \_\_\_\_\_ Sonographer: \_\_\_\_\_

Spec Info: