

McLaren Flint  
Ultrasound Abdominal Worksheet

Name \_\_\_\_\_ Date \_\_\_\_\_

Indication for exam \_\_\_\_\_

Severity \_\_\_\_/10      Duration \_\_\_\_\_

Surgeries \_\_\_\_\_

Nausea/Vomiting     Fever/Chills       Diarrhea/Constipation       Indigestion/Gas

Pain: RUQ     LUQ     RLQ     LLQ     Epigastric

Jaundice       Hematuria       HTN       Diabetes

Previous Exams and Dates \_\_\_\_\_

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

\_\_\_\_\_

CBD: \_\_\_\_\_

GB: \_\_\_\_\_

\_\_\_\_\_

AO: \_\_\_\_\_

IVC: \_\_\_\_\_

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

Rt. Kidney: \_\_\_\_\_

\_\_\_\_\_

Lt. Kidney: \_\_\_\_\_

\_\_\_\_\_

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

Free Fluid: \_\_\_\_\_

\_\_\_\_\_

Sonographer \_\_\_\_\_

