



THUMB REGION
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Abdominal Ultrasound Technologist Worksheet

Patient Name: _____ *Age:* _____ *Exam date:* _____

Ordering Provider: _____ *MR #:* _____ *Complaint:* _____

Diagnosis: _____

Ultrasound Findings: _____ *Technologist:* _____

• *Aorta:* _____

• *Gall Bladder:* _____

• *Biliary Tree:* _____

• *Common Bile Duct:* _____

• *Liver:* _____

Hepatopetal Flow *Hepatofugal Flow*

• *Pancreas:* _____

• *Spleen:* _____

• *Right Kidney:* _____

• *Left Kidney:* _____

• *Other:* _____
