

Patient Name : _____ DATE: _____

DOB : _____ MR# : _____ REFERRING PHYSICIAN: _____

Indication for Exam:

Abnormal Labs _____ Previous Liver Disease _____
 Nausea _____ Vomiting _____ Diarrhea _____

Previous Surgery: Gallbladder _____ Other _____

Cancer History _____

Liver: Normal Abnormal

Size _____

Fatty Infiltrated _____

Dilated Intrahepatic Ducts _____

Vessel Patency

Left Hepatic Vein: _____

Mid Hepatic Vein: _____

Right Hepatic Vein: _____

Hepatic Artery: _____

PSV: _____ EDV: _____ RI: _____

Left Portal Vein: _____

Right Portal Vein: _____

Main Portal Vein: _____

Hepatopetal Hepatofugal

IVC: _____

Comments: _____

Sonographer: _____

Gallbladder: Normal Abnormal

Stones

Sludge

Fluid Surrounding

Wall Thickness: _____

CBD: Normal Abnormal

Free Fluid: Yes No

Pancreas: Normal Abnormal

Right Kidney: Normal Abnormal

_____ x _____ x _____ cm

Hydonephrosis

Stones

Mass _____ x _____ x _____ cm

Cyst _____ x _____ x _____ cm