McLaren Business Products

McLaren Print System Order

Order No: 68563 Reprint Previous Order No: 59828
Order Date: 2022-03-23
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 : ______ MRN : ______ REFERRING PHYSCIAN: ______
Reason For Exam: ______

AORTA: ______
☐ Normal ☐ Abnormal
☐ Arterioralsclerotic
☐ Tortous
☐ Aneurysm: ______
___ x ___ x ___ cm

IVC: ______
☐ Normal ☐ Abnormal

Pancreas: ______
☐ Normal ☐ Abnormal

Bladder: ______

RIGHT KIDNEY
___ x ___ x ___ cm
☐ Normal ☐ Abnormal
RI: ___ PSV: ___ cm/s
☐ Hydronephrosis
☐ Stones ______
☐ Atrophic
☐ Cortical Thinning
☐ Increased Renal Echogenicity
☐ Mass ______
___ x ___ x ___ cm
☐ Cyst ______
___ x ___ x ___ cm
___ x ___ x ___ cm

LEFT KIDNEY
___ x ___ x ___ cm
☐ Normal ☐ Abnormal
RI: ___ PSV: ___ cm/s
☐ Hydonephrosis
☐ Stones ______
☐ Atrophic
☐ Cortical Thinning
☐ Increased Renal Echogenicity
☐ Mass ______
___ x ___ x ___ cm
☐ Cyst ______
___ x ___ x ___ cm
___ x ___ x ___ cm

Comments: ______ Sonographer: ______