

**McLaren Print System Order**

Order No: 72300 Reprint Previous Order No: 59828  
Order Date: 2022-09-12  
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 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>	<b>LEFT KIDNEY</b>
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal R: _____ 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 x cm <input type="checkbox"/> Cyst: _____ x x cm x x cm	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal R: _____ 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 x cm <input type="checkbox"/> Cyst: _____ x x cm x x cm

Comments: \_\_\_\_\_ Sonographer: \_\_\_\_\_