



USC
UNIVERSITY
HOSPITAL

**Department of Radiology
Abdominal Ultrasound Worksheet**

Patient Name: _____ INPT / OUTPT Date: _____

MR#: _____ Ordering M.D.: _____

Patient History/Indications for examination: _____

Technologist Comments

Area	Normal	Comments
Liver	Y / N	
Gallbladder	Y / N	Wall thickness: _____ Sonographic Murphy's: Y / N
Bile Ducts	Y / N	Max. Diameter CHD: _____ Max. Diameter CBD: _____
Pancreas	Y / N	
Right Kidney	Y / N	
Left Kidney	Y / N	
Spleen	Y / N	
Aorta	Y / N	
Liver Edge	Y / N	Smooth / Nodular

VASCULAR	LPV	RPV	MPV	SMV	SV	LHV	MHV	RHV	CHA	PHA
NI flow										
Abnl flow										
Thrombosis										

Comment: _____

Tech: _____ Radiologist: _____