



Abdominal Ultrasound (76700)

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www.globaldxi.com

Name: _____ Date: _____ Sonographer: _____
 DOB: _____ Age: _____ Location: _____ Ordering Physician: _____
 Sex: _____ Ht: _____ Wt: _____

Indicatons:

Impression:

Technique:

Observations & Measurements

Measurements

Pancreas :		
Aorta	Aorta Width :	mm
IVC		
Liver	Liver Length :	cm
Gallbladder	Gallbladder Wall Thickness :	mm
Bile Duct	CBD Width :	mm
Right Kidney	Right Kidney Length :	cm
Left Kidney	Left Kidney Length :	cm
Spleen	Spleen Length :	cm
Bladder		
Retroperitoneum		
Ascites		

Description of Findings:

(Electronically Signed)