

**BROWN-FOLSE PACS, LLC**  
**ABDOMEN ULTRASOUND INFORMATION SHEET**

PATIENT \_\_\_\_\_ DATE \_\_\_\_\_

PT # \_\_\_\_\_ EXAM \_\_\_\_\_

HX/DX \_\_\_\_\_



AORTA \_\_\_\_\_

\_\_\_\_\_

PANCREAS \_\_\_\_\_

LIVER \_\_\_\_\_

\_\_\_\_\_

GALLBLADDER \_\_\_\_\_

\_\_\_\_\_ CBD \_\_\_\_\_

RT KIDNEY \_\_\_\_\_

\_\_\_\_\_

LT KIDNEY \_\_\_\_\_

\_\_\_\_\_

SPLEEN \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SONOGRAPHER \_\_\_\_\_