Summary Abdominal Ultrasound Report

Patient Name: _____ **Sonographer's Name:** _____

Date: _____ **Signalment and History:** _____

Organ/Structure	Normal	Abnormal	Not Seen
Urinary Bladder	☐	☐	☐
Urethra	☐	☐	☐
Prostate/Uterus/Ovaries (circle based on sex)	☐	☐	☐
Left Kidney ____ x ____ cm	☐	☐	☐
Left Adrenal ____ (caudal pole width) mm	☐	☐	☐
Spleen	☐	☐	☐
Liver	☐	☐	☐
Gall Bladder	☐	☐	☐
Right Kidney ____ x ____ cm	☐	☐	☐
Right Adrenal ____ (caudal pole width) mm	☐	☐	☐
Stomach, Duodenum, Jejunum, Ileum, Colon	☐	☐	☐
Right Pancreas	☐	☐	☐
Left Pancreas	☐	☐	☐
Medial Iliac Lymph Nodes	☐	☐	☐
Mesenteric Lymph Nodes	☐	☐	☐
Other Lymph Nodes	☐	☐	☐
Portosystemic Shunt(s)		☐	☐
Abdominal Effusion (description if present)		☐	☐
Abdominal Masses - organ(s) of origin?		☐	☐

Notes:

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Organ/Structure	Normal	Abnormal	Not Seen
Other: _____	☐	☐	☐

Summary (comparison study?) Sentences:

DDX for Each Abnormality:

Next Steps (Aspirates/Biopsy/Diagnostic abdominocentesis): _____

FNA Results: _____