

Ultrasound report: Complete abdominal exam

DATE:

ANIMAL NAME:

CLINICIAN:

HOSPITAL:

	<u>NORMAL</u>	<u>ABNORMAL</u>	<u>NOT SEEN</u>	<u>COMMENTS:</u>
<input type="checkbox"/> LIVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> SPLEEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KIDNEYS:				
<input type="checkbox"/> -LEFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> -RIGHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ADRENAL GLANDS:				
<input type="checkbox"/> -LEFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> -RIGHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> URINARY BLADDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> STOMACH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> SMALL INTESTINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> COLON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> PANCREAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> LYMPH NODES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> BLOOD VESSELS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> UTERUS/PROSTATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> OVARIES/TESTICLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> MIDABDOMEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ADDITIONAL COMMENTS:

ULTRASONOGRAPHIC DIAGNOSIS:

ULTRASOUND DONE BY: