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|----------|---------------------------------|--|
| Pet: | Owner: | Date: _____  |
| Species: | Pediatric Adult Geriatric | |
| Weight: | Sedation: | |
| Phone: | E-mail: | |

ULTRASOUND FORM – Basic Abdomen

Chief Complaint/History:
 fasted shaved
 dyspneic tachypneic obese brachycephalic pelvic fracture ALT _____ platelets _____ x10³/ul BMBT _____ sec
Shock – hypovolemic cardiac anaphylactic trauma sepsis SIRS
 Abd Rads: Thoracic Rads: Echo: AFAST³: TFAST³: VetBLUE:

Focused Exam – Liver & Gall Bladder: *Position:* dorsal R lateral L lateral standing sternal
Liver Sagg: 1-RKid 2-RCr 3-GB 4-PortalV 5-Stomach 6-Spleen *Trans:* 7-Cr 8-GB(L,R) 9-Cd
 (R Intercostal) (L Intercostal)
 hypo to fat hypo to Spleen hyper to RC prominent Portal V obscured portal v hypo hyper
 mottled multi nodules _____ mm to _____ mm
 nodule 1: location _____ mm x _____ mm hypo hyper target mixed capsule diffuse FNA lab
 nodule 2: location _____ mm x _____ mm hypo hyper target mixed capsule diffuse FNA lab
 marked enl tiny enl hep v round margins irreg margins ascites tap FNA lab
Gall Bladder 1-Saggital (neck, fundus) 2-Transverse not seen
 enlarged GB length _____ mm width _____ mm
 thickened wall _____ mm (n. <1cat; <2-3dog) local fluid _____ mm mass _____ mm x _____ mm
 sludge organized sludge mucocoele stone _____ mm multi stones _____ - _____ mm
 duct: tortuous enlarged (<4mm) hyperechoic thick wall _____ mm hyperechoic ST
Caudal Vena Cava not seen enlarged flat bounce
Comments: incomplete interrogation: air food movement

DDx hyperechoic: steroid, lipidosis, fibrosis, neoplasia; DDx hypoechoic: passive congestion, acute inflammation/necrosis, neoplasia; DDx mottled: chronic necrosis/toxicosis/inflammation, diffuse abscess/granuloma, neoplasia, nodular hyperplasia

Focused Exam - Spleen: *Position:* dorsal R lateral L lateral standing sternal
 hypo to fat (hyper to liver) hyper to RC hyper hypo not seen marked enl round margins irreg margins
 mottled multi nodules _____ mm to _____ mm infarct FNA lab
 nodule 1: location _____ mm x _____ mm hypo hyper target mixed capsule diffuse FNA lab
 nodule 2: location _____ mm x _____ mm hypo hyper target mixed capsule diffuse FNA lab
Head: 1-saggital 2-transverse *Cr Body:* 3-saggital 4-transverse
Hilus: 5-saggital 6-transverse (Doppler) *Tail:* 7-saggital 8-transverse
Comments:

DDx focal lesions: Cyst, abscess, granuloma, necrotic tumor, neoplasia, hematoma, extramedullary hematopoiesis, nodular hyperplasia, lymphoid hyperplasia, infarct (wedge shaped)

Focused Exam - Urinary: dorsal R lateral L lateral standing sternal
R Kidney: hypo to fat hypo to spleen hypo to liver hyper hypo not seen enlarged small irreg margins infarct cyst
 med rim cortical halo pelvic min stone subcapsular fluid retroper fluid CM iso hydro: mild mod sev shell
R Kidney: hypo to fat hypo to spleen hypo to liver hyper hypo not seen enlarged small irreg margins infarct cyst
 med rim cortical halo pelvic min stone subcapsular fluid retroper fluid CM iso hydro: mild mod sev shell
R Kidney: saggital: 1-dumbbell 2-pelvis _____ mm 3-tomato (C: _____ mm M: _____ mm) 4-cortex *transverse:* 5-Cr 6-pelvis(>) 7-Cd
L Kidney: saggital: 1-dumbbell 2-pelvis _____ mm 3-tomato (C: _____ mm M: _____ mm) 4-cortex *transverse:* 5-Cr 6-pelvis(<) 7-Cd
Bladder:
Comments:

Normal length 30-44mm (cat) & 2.5-3.5xL2 (dog); normal C:M 1:1; normal pelvis <3mm (cat) & <4mm (dog); normal ureters <2mm.

Mid-Abdomen:
 Ascites
 Mass: location _____ mm x _____ mm hypo hyper mixed capsule diffuse FNA lab
Comments: