

# Ultrasound Test

## Patient Information

Name:

Date of Birth:

Medical Record Number:

Referring Physician:

## Clinical History

## Preparation

Patient Preparation:

## Ultrasound Examination Details

### Type of Ultrasound Exam:

Abdominal:

Pelvic:

Obstetric:

Vascular:

Musculoskeletal:

Other (specify):

### Probe Used:

Linear:

Convex:

Transvaginal:

Doppler (if applicable):

**Anatomy / Region of Interest:**

Abdomen:

Liver:

Gallbladder:

Kidneys:

Bladder:

Uterus:

Ovaries:

Vascular Structures:

Other (specify):

**Imaging Protocol****Findings**

Preliminary Findings:

Final Interpretation:

**Recommendations****Conclusion****Technologist / Physician Signature**

Name:

Credentials:

Date:

**Quality Assurance**