**Patient Information**

- **Name:**
- **Age:**
- **ID #:**
- **Study Date:**

**Reason for Exam:**

**Sonographer:**

**Prior Study Dates:**
- **US:**
- **CT:**
- **MR:**
- **Other:**

## ULTRASOUND FINDINGS

<table>
<thead>
<tr>
<th>Organ</th>
<th>NOT VIS</th>
<th>NL</th>
<th>ABNL</th>
<th>Comments</th>
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<tbody>
<tr>
<td><strong>LIMITED RUQ</strong></td>
<td></td>
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</tr>
<tr>
<td>Liver</td>
<td></td>
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</tr>
<tr>
<td>CC Length:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>MPV:</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>□ Hepatopetal</td>
<td></td>
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<tr>
<td>Biliary Ducts</td>
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<td>CBD:</td>
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<td>Gallbladder</td>
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<tr>
<td>□ Yes □ No</td>
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</tr>
<tr>
<td>Polyps:</td>
<td></td>
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<tr>
<td>+ Murphy’s:</td>
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<td>Pericholecystic Fluid:</td>
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<td>□ Yes □ No</td>
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<td>Wall Thickness:</td>
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</tr>
<tr>
<td>Pancreas</td>
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<tr>
<td>Aorta</td>
<td></td>
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</tr>
<tr>
<td>P: x M: x D: x cm</td>
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<td></td>
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</tr>
<tr>
<td>IVC</td>
<td></td>
<td></td>
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<tr>
<td>Right Kidney</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(L) __________ (H) _______ (W) _______ (cm)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left Kidney</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(L) __________ (H) _______ (W) _______ (cm)</td>
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**Comments:**

---

**Note:** This is the sonographer’s preliminary worksheet. For diagnosis, please refer to final report. Version 17 5.2017
# Aorta - Vascular

## ULTRASOUND FINDINGS

<table>
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<tr>
<th></th>
<th>NOT VIS</th>
<th>NL</th>
<th>ABNL</th>
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<tbody>
<tr>
<td><strong>Prox</strong></td>
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<td></td>
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</tr>
<tr>
<td>_____ x _____ cm</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Mid</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ x _____ cm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Distal</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>_____ x _____ cm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Bifurcation</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>_____ x _____ cm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Right Iliac</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>_____ x _____ cm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Left Iliac</strong></td>
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</tr>
<tr>
<td>_____ x _____ cm</td>
<td></td>
<td></td>
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</tbody>
</table>

**AP VIEW**

**LATERAL VIEW**

**Comments:**

---

*Note: This is the sonographer's preliminary worksheet. For diagnosis, please refer to final report.*  Version 17  5.2017
### Appendix Ultrasound

**Patient Name:**

**Age:**

**ID#**

**Study Date:**

**Reason for Exam:**

**Sonographer:**

**Prior Study Dates:**

<table>
<thead>
<tr>
<th>US</th>
<th>CT</th>
<th>MR</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ULTRASOUND FINDINGS

- **Appendix Visualized**
- **Not Seen**

- **Appendix Diameter**
  - Abnormal > 6mm: sensitivity 100% / specificity 64%
  - Abnormal > 7mm: sensitivity 94% / specificity 88%

- **Noncompressable**

- **Appendicolith(s):**
  - Size:

- **Focal Tenderness over Appendix (McBurney Sign)**

- **Abscess (L) x (H) x (W) cm**

- **Hypervascularity**

- **Surrounding Edema Phlegmon**

- **Lymphadenopathy**

- **Distal Ileum Abnormal**

- **Ascites**

- **Right hydrenephrosis**

### OTHER:

**Note:** This is the sonographer's preliminary worksheet. For diagnosis, please refer to final report.  Version.17  5.2017
Arterial Duplex Imaging
Lower Extremity

**RISK FACTORS:** (Check those that apply)
- Hypertension
- Diabetes Mellitus
- Cardiac Disease
- Elevated Cholesterol
- Family History
- Previous Vascular Intervention
- Smoker
- Other
- Carotid Disease

**Segmental Pressures**
- Right
  - Arm (Brachial)
  - Thigh
  - Proximal Calf
  - Anterior Tibial
  - Posterior Tibial
- Left
  - Arm (Brachial)
  - Thigh
  - Proximal Calf
  - Anterior Tibial
  - Posterior Tibial

**PEAK SYSTOLIC VELOCITY**

<table>
<thead>
<tr>
<th>Artery</th>
<th>Right (cm/sec)</th>
<th>Left (cm/sec)</th>
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</thead>
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<tr>
<td>External Iliac Artery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Common Femoral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Superficial Femoral (Proximal)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Superficial Femoral (Mid)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Superficial Femoral (Dista)</td>
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<td></td>
</tr>
<tr>
<td>Deep Femoral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Popliteal Artery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anterior Tibial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posterior Tibial</td>
<td></td>
<td></td>
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<tr>
<td>Peroneal Artery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dorsalis Pedis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Velocity Criteria:**
- Normal CFA = 115+/-25 cm/sec
- Normal SFA = 90+/-15 cm/sec
- Normal Popliteal = 69+/-15 cm/sec
- Normal Tibial = 61+/-20 cm/sec

**Pressure Criteria**

<table>
<thead>
<tr>
<th>ABI Value</th>
<th>Interpretation</th>
<th>Severity</th>
<th>Diameter Reduction</th>
<th>Waveform</th>
<th>Spectral Broadening</th>
<th>PSV Distal/PSV Proximal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above 1.2</td>
<td>Abnormal, Vessel Hardening</td>
<td>Normal</td>
<td>0</td>
<td>Triphasic</td>
<td>Absent</td>
<td>No Change</td>
</tr>
<tr>
<td>1.0 - 1.2</td>
<td>Normal Range</td>
<td>Normal</td>
<td>0</td>
<td>Triphasic</td>
<td>Present</td>
<td>&lt; 2.1</td>
</tr>
<tr>
<td>0.9 - 1.0</td>
<td>Acceptable Range</td>
<td>Mild</td>
<td>1-19%</td>
<td>Triphasic</td>
<td>Present</td>
<td>&lt; 2.1</td>
</tr>
<tr>
<td>0.8 - 0.9</td>
<td>Some Arterial Disease</td>
<td>Moderate</td>
<td>20-49%</td>
<td>Biphasic</td>
<td>Present</td>
<td>&lt; 2.1</td>
</tr>
<tr>
<td>0.5 - 0.8</td>
<td>Moderate Arterial</td>
<td>Severe</td>
<td>50-99%</td>
<td>Monophasic</td>
<td>Present</td>
<td>&gt; 2.1 *</td>
</tr>
<tr>
<td>Under 0.5</td>
<td>Severe Arterial Disease</td>
<td>* &gt; 3:1</td>
<td>*</td>
<td>Suggest 50-75% Stenosis</td>
<td>Suggest 75% Stenosis</td>
<td>Suggest 90% Stenosis</td>
</tr>
</tbody>
</table>

*Note: This is the sonographer’s preliminary worksheet. For diagnosis, please refer to final report.*
<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Age:</th>
<th>ID#</th>
<th>Study Date:</th>
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<tbody>
<tr>
<td>Reason for Exam:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sonographer:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior Study Dates:</td>
<td>US:</td>
<td>CT:</td>
<td>MR:</td>
</tr>
</tbody>
</table>

**ULTRASOUND FINDINGS**

**Bladder:**
- [ ] Normal
- [ ] Abnormal

**Ureteral Jets:**
- Bilat
- Right
- Left

Pre Void: ____________ cc  
Post Void: ____________ cc

**Prostate:**
- (L) ____________ x (H) ____________ x (W) ____________ cm  
Volume: ____________ cc

**Other:**

**COMMENTS:**

---

*Note: This is the sonographer’s preliminary worksheet. For diagnosis, please refer to final report. Version.17 5.2017*
Breast Ultrasound

Patient Name: ____________________________  Age: ________  ID#: ________  Study Date: ________

Reason for Exam: ____________________________  Sonographer: ____________________________

Prior Study Dates:  US: ________  CT: ________  MR: ________  Other: ________

Ultrasound Findings  □ Right  □ Left  □ Bilateral

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<tr>
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<th>NO</th>
<th>SPECIFICS</th>
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<tr>
<td>Palpable Mass</td>
<td>□ right</td>
<td>□ left</td>
<td></td>
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<tr>
<td>Pain</td>
<td>□ right</td>
<td>□ left</td>
<td></td>
</tr>
<tr>
<td>Nipple Discharge</td>
<td>□ right</td>
<td>□ left</td>
<td></td>
</tr>
<tr>
<td>Prior Ultrasound</td>
<td>Date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior Surgery/Biopsy</td>
<td>□ right</td>
<td>□ left</td>
<td></td>
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<tr>
<td>Prior Mammogram</td>
<td>Date:</td>
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Mammographic Description:

Right

Left

<table>
<thead>
<tr>
<th>TODAY’S ULTRASOUND</th>
<th>PRIOR ULTRASOUND</th>
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</thead>
<tbody>
<tr>
<td>#</td>
<td>Location</td>
</tr>
<tr>
<td>________</td>
<td>________</td>
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Note: This is the sonographer’s preliminary worksheet. For diagnosis, please refer to final report. Version 17.5.2017
### Patient Information

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Age:</th>
<th>ID#</th>
<th>Study Date:</th>
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### Reason for Exam:

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### Prior Study Dates:

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<tbody>
<tr>
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</table>

### History:

- ☐ Smoker
- ☐ Slurred Speech
- ☐ Bruit: R L
- ☐ Memory Impairment / Confusion
- ☐ HTN
- ☐ Blurred Vision
- ☐ Vertigo
- ☐ Numbness: Arms / Legs
- ☐ CVA/TIA
- ☐ Amaurosis Fugax
- ☐ Syncope
- ☐ Diabetes: IDDM / NIDDM

### Medications:

- ________________________________

---

### Carotid Ultrasound

#### Right Side

<table>
<thead>
<tr>
<th>ICA</th>
<th>CCA</th>
<th>ICA/CCA Ratio</th>
<th>ECA</th>
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</table>

<table>
<thead>
<tr>
<th>PSV (cm/sec)</th>
<th>EDV (cm/sec)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSV (cm/sec)</td>
<td>EDV (cm/sec)</td>
</tr>
</tbody>
</table>

- % Stenosis: ________________
- Vertebral: Antegrade / Retrograde / Absent
- Comments: __________________________________________________________

#### Left Side

<table>
<thead>
<tr>
<th>ICA</th>
<th>CCA</th>
<th>ICA/CCA Ratio</th>
<th>ECA</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>PSV (cm/sec)</th>
<th>EDV (cm/sec)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSV (cm/sec)</td>
<td>EDV (cm/sec)</td>
</tr>
</tbody>
</table>

- % Stenosis: ________________
- Vertebral: Antegrade / Retrograde / Absent
- Comments: __________________________________________________________

---

### Diagnostic Doppler Criteria

<table>
<thead>
<tr>
<th>% Stenosis</th>
<th>ICA PSV (cm/sec)</th>
<th>Primary Parameters</th>
<th>Plaque Estimate (%) *</th>
<th>Additional Parameters</th>
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<tbody>
<tr>
<td>Normal</td>
<td>&lt; 125</td>
<td>None</td>
<td></td>
<td>2.0</td>
</tr>
<tr>
<td>&lt; 50</td>
<td>&lt; 125</td>
<td>&lt; 50</td>
<td>&lt; 2.0</td>
<td>&lt; 40</td>
</tr>
<tr>
<td>50 – 69</td>
<td>125 – 230</td>
<td>≥ 50</td>
<td>2.0 – 4.0</td>
<td>40 – 100</td>
</tr>
<tr>
<td>≥ 70 but less than near occlusion</td>
<td>&gt; 230</td>
<td>≥ 50</td>
<td>&gt; 4.0</td>
<td>&gt; 100</td>
</tr>
<tr>
<td>Near Occlusion</td>
<td>High, Low, or Undetectable</td>
<td>Visible</td>
<td>Variable</td>
<td>Variable</td>
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<tr>
<td>Total Occlusion</td>
<td>Undetectable</td>
<td>Visible, No Detectable Lumen</td>
<td>N/A</td>
<td>N/A</td>
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</tbody>
</table>

* Plaque estimate (diameter reduction) with gray-scale and color Doppler ultrasound.

**Note:** This is the sonographer’s preliminary worksheet. For diagnosis, please refer to final report. Version 17 5.2017
**Carotid IMT Screening Ultrasound**

<table>
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<th>Study Date:</th>
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Reason for Exam:

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<tr>
<th>Sonographer:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>MRN:</th>
<th>DOB:</th>
<th>AGE:</th>
<th>GENDER: [ ] Male [ ] Female</th>
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History of surgery: [ ] YES [ ] NO

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<thead>
<tr>
<th>DM: [ ] YES [ ] NO</th>
<th>SMOKER: [ ] YES [ ] NO</th>
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Previous Carotid US: [ ] YES [ ] NO

If yes, Date________________________ Facility____________________

**IMT MEASUREMENTS**

<table>
<thead>
<tr>
<th>RIGHT DISTAL CCA</th>
<th>MEAN IMT</th>
<th>STD DEVIATION</th>
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<tr>
<td>ANTERIOR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MID</td>
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<tr>
<td>POSTERIOR</td>
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Composite Mean IMT (mm):________________________

<table>
<thead>
<tr>
<th>LEFT DISTAL CCA</th>
<th>MEAN IMT</th>
<th>STD DEVIATION</th>
</tr>
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<tr>
<td>ANTERIOR</td>
<td></td>
<td></td>
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<tr>
<td>MID</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POSTERIOR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Composite Mean IMT (mm):________________________

**COMMENTS:**

This is a screening carotid ultrasound study for CVD risk assessment. This study is not a replacement for a clinically indicated duplex ultrasound. This study measures the thickness of the walls of the carotid arteries and identifies the presence of carotid plaque. Percentile values do not represent percent stenosis.

| The age-adjusted normal values for carotid Intima-media thickness (IMT) |
|-----------------------------|-----------------|
| MEAN CIMT, Normal Values – Distal CCA | |
| AGE | CIMT |
| 30-39 | 0.40±0.03 |
| 40-49 | 0.50±0.03 |
| 50-59 | 0.60±0.04 |
| 60-69 | 0.70±0.03 |
| 70-79 | 0.80±0.04 |
| 80-90 | 0.90±0.04 |

**Note:** This is the sonographer’s preliminary worksheet. For diagnosis, please refer to final report. Version 17.5.2017
### Hepatic Doppler Ultrasound

**Patient**
- **Name:**
- **Age:**
- **ID#**
- **Study Date:**

**Reason for Exam:**
- **Sonographer:**

**Is Patient FASTING?**
- □ YES  ⏯ LAST ATE AT ________________
- □ NO, not fasting

**Prior Study Dates:**
- **US:** ______________
- **CT:** ______________
- **MR:** ______________
- **Other:** ______________

<table>
<thead>
<tr>
<th>Flow Direction</th>
<th>Patent</th>
<th>Normal</th>
<th>Reversed</th>
<th>Comments/Measurements</th>
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</thead>
<tbody>
<tr>
<td>Splenic Veins</td>
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**PORTAL VEINS**

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<td><strong>COMMENTS:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>DIAMETER:</strong></td>
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<tr>
<td></td>
<td></td>
<td>mm</td>
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<tr>
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<td><strong>FLOW:</strong></td>
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<tr>
<td></td>
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<td>cm/sec</td>
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<td></td>
<td></td>
<td><strong>THROMBOSIS:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ NONE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ PARTIAL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ COMPLETE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ RECANALIZED</td>
</tr>
<tr>
<td>RPV</td>
<td></td>
<td>mm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>cm/sec</td>
</tr>
<tr>
<td>LPV</td>
<td></td>
<td>mm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>cm/sec</td>
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</tbody>
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**HEPATIC VEINS**

<table>
<thead>
<tr>
<th>Component</th>
<th>Flow Direction</th>
<th>Comments/Measurements</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MHV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LHV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IVC</td>
<td></td>
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</tr>
</tbody>
</table>

**Hepatic Artery**
- **RI:** __________

**TIPS**
- **HV end:** ______________ cm/sec
- **Mid:** ______________ cm/sec
- **PV end:** ______________ cm/sec

**REFERENCE DATA:**

**HEPATIC ARTERY**
- **RI** ~ 0.55 – 0.80

**PORTAL VEINS**
- **MPV diameter** < 13mm
- **MPV 12 – 25 cm/sec,** if fasting. Can be elevated if postprandial.
- **MPV velocity** < 15 cm/sec concerning for Portal HTN
- **MPV < 10cm/sec** highly concerning for Portal HTN

**TIPS:** Velocity should be
- > 50cm/sec
- < 250 cm/sec

---

**Note:** This is the sonographer’s preliminary worksheet. For diagnosis, please refer to final report. Version 17 5.2017
### Hip Ultrasound

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Age:</th>
<th>ID#</th>
<th>Study Date:</th>
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<th>Sonographer:</th>
<th>Prior Study Date:</th>
<th>US:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

#### HISTORY (Clinical Findings)

#### ULTRASOUND FINDINGS

<table>
<thead>
<tr>
<th>Right Hip</th>
<th>Left Hip</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>α Angle:</strong></td>
<td><strong>α Angle:</strong></td>
</tr>
<tr>
<td><strong>β Angle:</strong></td>
<td><strong>β Angle:</strong></td>
</tr>
<tr>
<td><strong>% Coverage:</strong></td>
<td><strong>% Coverage:</strong></td>
</tr>
<tr>
<td><strong>Stable with Stress?</strong></td>
<td><strong>Stable with Stress?</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
<th>alpha- / beta angle</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>mature hip</td>
<td>&gt;60°</td>
</tr>
<tr>
<td>1A</td>
<td>narrow cartilaginous roof</td>
<td>&lt;55°</td>
</tr>
<tr>
<td>1B</td>
<td>wide cartilaginous roof</td>
<td>&gt;55°</td>
</tr>
<tr>
<td>2</td>
<td>deficient bony acetabulum</td>
<td>50 – 59°</td>
</tr>
<tr>
<td>2A</td>
<td>physiologic &lt;3 months</td>
<td>&gt;3 months</td>
</tr>
<tr>
<td>2B</td>
<td>delayed ossification</td>
<td>43 – 49°</td>
</tr>
<tr>
<td>2C</td>
<td>concentric but unstable; critical range</td>
<td>70 – 77°</td>
</tr>
<tr>
<td>3</td>
<td>eccentric = dislocated</td>
<td>&lt;43°</td>
</tr>
<tr>
<td>4</td>
<td>severe dysplasia with inverted labrum</td>
<td></td>
</tr>
</tbody>
</table>

**iiliac bone**

**bony acetabulum**

**fibrocartilaginous acetabulum**

**Coronal View of Left Hip**

**α >60°**

**β <77°**

Comments:

(Dahnert, 5th Edition, p. 65)

Note: This is the sonographer's preliminary worksheet. For diagnosis, please refer to final report. Version 1.7 5.2017
## Lower Extremity Venous Ultrasound

**Patient Information:**
- **Name:**
- **Age:**
- **ID#**
- **Study Date:**

**Reason for Exam:**
- **Sonographer:**
- **Previous Study Dates:**
- **US:**

**HISTORY (Clinical Findings):**
- **H/O DVT**
- **Erythema**
- **On Anticoagulant / HRT / BCP**
- **Swelling**
- **Leg Surgery, Laser, RF Ablation (?)**
- **Palp Lump / Cord**

**Check all that apply:**
<table>
<thead>
<tr>
<th>DVT/STP</th>
<th>Chronic Edema</th>
<th>Inflammation</th>
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<tbody>
<tr>
<td>PE</td>
<td>Obesity</td>
<td>SOB</td>
</tr>
<tr>
<td>Recent Injury/Surgery</td>
<td>Smoker</td>
<td>Chest Pain</td>
</tr>
<tr>
<td>Malignancy/Hypercoaguability</td>
<td>Leg Pain</td>
<td>Hemoptyis</td>
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<tr>
<td>Heart/Lung Disease</td>
<td>Edema</td>
<td>Other</td>
</tr>
<tr>
<td>Immobility</td>
<td>Stasis/Ulceration</td>
<td>Hormone Therapy</td>
</tr>
</tbody>
</table>

**CIRCLE ALL THAT APPLY**
- **Pain / Location**
- **H/O DVT**
  - **On Anticoagulant**
  - **HRT**
  - **BCP**
- **Leg Surgery, Laser, RF Ablation (?)**
- **Comments:**

### RIGHT

<table>
<thead>
<tr>
<th>Comp</th>
<th>Aug</th>
<th>Color</th>
<th>Thromb</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greater Saph</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FV (Prox)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FV (Mid)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FV (Distal)</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Pop</td>
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</tr>
<tr>
<td>Tib/Per</td>
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### LEFT

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<th>Thromb</th>
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</thead>
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<tr>
<td>Greater Saph</td>
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<td></td>
</tr>
<tr>
<td>FV (Mid)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>FV (Distal)</td>
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</tr>
<tr>
<td>DFV</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Tib/Per</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments (NonCompetency, Duplication, Baker’s Cyst, Etc.):**

**VERBAL REPORT GIVEN TO ____________________________ AT _________ (TIME OF DAY) BY ____________________________ [TECH NAME]

**Note:** This is the sonographer's preliminary worksheet. For diagnosis, please refer to final report. Version.17 5.2017
ULTRASOUND FINDINGS

<table>
<thead>
<tr>
<th>Ventricle Size</th>
<th>Hemorrhage</th>
<th>Periventricular Leukomalacia</th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

Comments:

Intracranial Hemorrhage

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited to Subependymal Region/Germinal Matrix.</td>
<td>Hemorrhage extending into normal sized ventricles system, fill less than 50% of the volume of the ventricles.</td>
<td>Hemorrhage extending into dilated ventricular system. Fills more than 50% or more of one or both lateral ventricles.</td>
<td>Hemorrhage grade 1, 2, or 3 with intraparenchymal extension into brain tissue. Thought to be the sequelae of venous infarction.</td>
</tr>
</tbody>
</table>

PVL: Periventricular Leukomalacia

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Persisting more than seven days.</td>
<td>Developing into Small Periventricular Cysts.</td>
<td>Developing into Extensive Periventricular Cysts, Occipital and Fronto-Parietal.</td>
<td>In deep white matter developing into extensive subcortical cysts.</td>
</tr>
</tbody>
</table>

Note: This is the sonographer’s preliminary worksheet. For diagnosis, please refer to final report. Version 17 5.2017
**OB Sonogram**

**1st Trimester**

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Age:</th>
<th>ID#:</th>
<th>Study Date:</th>
</tr>
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<td></td>
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</table>

<table>
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<th>Sonographer:</th>
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<tr>
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<table>
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<tr>
<th>Prior Study Dates:</th>
<th>US:</th>
<th>CT:</th>
<th>MR:</th>
<th>Other:</th>
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</table>

<table>
<thead>
<tr>
<th>LMP:</th>
<th>G:</th>
<th>P:</th>
<th>C-Section:</th>
<th>Pregnancy Test:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Y   □</td>
<td>□ N</td>
</tr>
</tbody>
</table>

Was transvaginal scanning performed? □ Y □ N

Did patient give verbal consent? □ Y □ N

Initials of person performing TV scan or stand-in: ______________

<table>
<thead>
<tr>
<th>LMP:</th>
<th>GA by LMP:</th>
<th>GA by 1st US:</th>
<th>GA by Current US:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EDD by LMP:</th>
<th>EDD by 1st US:</th>
<th>EDD by Current US:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Measurements

<table>
<thead>
<tr>
<th>Size (mm)</th>
<th>Gestation Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Crown - Rump Length

<table>
<thead>
<tr>
<th>Size (mm)</th>
<th>Gestation Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Mean Sac Diameter

<table>
<thead>
<tr>
<th>Size (mm)</th>
<th>Gestation Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ORGAN FINDINGS

**Uterus**

- TA: (L)________ x (H)________ x (W)________ cm
- TV: (L)________ x (H)________ x (W)________ cm

**Endomet**

- TA: __________ mm
- TV: __________ mm

**Cervix**

**Right Ovary / Adnexa**

- TA: (L)________ x (H)________ x (W)________ cm Vol = __________ ml
- TV: (L)________ x (H)________ x (W)________ cm Vol = __________ ml
- Blood Flow: □ Yes □ No RI __________

**Left Ovary / Adnexa**

- TA: (L)________ x (H)________ x (W)________ cm Vol = __________ ml
- TV: (L)________ x (H)________ x (W)________ cm Vol = __________ ml
- Blood Flow: □ Yes □ No RI __________

**Cul-de-Sac**

- Free Fluid □ Yes □ No

**Comments:**

---

**Note:** This is the sonographer's preliminary worksheet. For diagnosis, please refer to final report. Version 17.5.2017
### OB Sonogram

#### 2nd & 3rd Trimesters

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Age:</th>
<th>ID#</th>
<th>Study Date:</th>
</tr>
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<tbody>
<tr>
<td>Reason for Exam:</td>
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<td></td>
</tr>
<tr>
<td>Sonographer:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### LMP:
- Based on: GA by LMP: ___________________  
  EDD by LMP: ___________________
- GA by 1st US: ___________________  
  EDD by 1st US: ___________________
- GA by Current US: ___________________  
  EDD by Current US: ___________________
- EFW: ____________________Grams (__________ percentile, based on: ☐ 1st US ☐ LMP)

#### Type of Gestation:
- Single
- Multiple
- Fetus A
- Fetus B
- Fetus C

#### Fetal Presentation:
- 1. Vertex
- 2. Breech
- 3. Transverse
- 4. Oblique
- 5. Variable

#### Fetal Size:
- 1. Appropriate for Gest Age
- 2. Small for Gest Age
- 3. Large for Gest Age

#### Fetal Growth:
- 1. 1st Exam
- 2. Consistent with normal fetal growth.
- 4. Suspect fetal macrosomia.

#### Placenta:
- 1. Location: Ant, Post, R Lat, L Lat, Fundal
- 2. Grade: 0, I, II, III
- 3. Previa: None, Complete, Partial, Marginal
- Low Lying Depth from OS: ___________________

#### Fetal Sex: ☐ Male ☐ Female ☐ Can’t Tell

#### Cervical Length: ______________ cm

#### AFI: ______________ cm

#### Documented Fetal Anatomy

<table>
<thead>
<tr>
<th>Visualized:</th>
<th>Y</th>
<th>N</th>
<th>Prior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cerebellum</td>
<td>mm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lateral Venticles</td>
<td>mm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cavum Sept Pellucidum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cisterna Magna</td>
<td>mm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuchal Fold</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Face: | | |
| Profile | | |
| Orbits | | |
| Nose | | |
| Lips | | |

<table>
<thead>
<tr>
<th>Heart:</th>
<th>BPM: (See Comments)</th>
<th>Extremities:</th>
<th>Upper</th>
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<tbody>
<tr>
<td>4 Chambers</td>
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</tr>
<tr>
<td>LVOT</td>
<td></td>
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<td>Lower</td>
</tr>
<tr>
<td>RVOT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aortic Arch</td>
<td></td>
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<td>Thoracic</td>
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</table>

#### Comments:

---

**Note:** This is the sonographer’s preliminary worksheet. For diagnosis, please refer to final report. Version.17 5.2017
<table>
<thead>
<tr>
<th>Week</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt;</th>
<th>5&lt;sup&gt;th&lt;/sup&gt;</th>
<th>50&lt;sup&gt;th&lt;/sup&gt;</th>
<th>95&lt;sup&gt;th&lt;/sup&gt;</th>
<th>97&lt;sup&gt;th&lt;/sup&gt;</th>
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<tbody>
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**OB- Biophysical Profile**

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<th>Patient</th>
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<tr>
<td>Prior Study Dates: US:</td>
<td>CT:</td>
<td>MR:</td>
<td>Other:</td>
</tr>
<tr>
<td>LMP: _________________________</td>
<td>GA by LMP: _________________________</td>
<td>GA by 1st US: _________________________</td>
<td>EDD: _________________________</td>
</tr>
</tbody>
</table>

**Fetal Presentation:**
1. Vertex  3. Transverse  5. Variable
2. Breech  4. Oblique

**Heart Rate:** _________________________

**Placenta:**
1. Location  Ant  Post  R-Lat  L-Lat  Fundal
2. Grade  O  I  II  III
3. Previa  None  Complete  Partial  Marginal

**Low Lying**  Distance from OS: _____________

**Amniotic Fluid Volume:** Normal  Top Normal  Low Normal

<table>
<thead>
<tr>
<th>AFI:</th>
<th>(cm)</th>
<th>Oligohydramnios</th>
<th>Polyhydramnios</th>
</tr>
</thead>
</table>

**Cord Doppler:**
- Normal
- Abnormal
- Not Evaluated

<table>
<thead>
<tr>
<th>Cl</th>
<th>PI</th>
<th>Free</th>
</tr>
</thead>
<tbody>
<tr>
<td>S/D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RI</td>
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</tr>
</tbody>
</table>

**Biophysical Profile Score:** ____________ / 8

**Fetal Movements**

<table>
<thead>
<tr>
<th>Score 2: Three or more gross body movements in 30 minutes of observation. Simultaneous limb and trunk movements are counted as a single movement.</th>
<th>Score 0: Two or fewer gross body movements in 30 minutes of observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score: ____________</td>
<td>Score: ____________</td>
</tr>
</tbody>
</table>

**Fetal Breathing Movements**

<table>
<thead>
<tr>
<th>Score 2: The presence of at least 30 seconds of sustained fetal breathing movements in 30 minutes of observation.</th>
<th>Score 0: Absence of fetal breathing, or an episode of less than 30 seconds.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score: ____________</td>
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</tbody>
</table>

**Fetal Tone**

<table>
<thead>
<tr>
<th>Score 2: At least one episode of motion of a limb from position of flexion to extension and a rapid return to flexion.</th>
<th>Score 0: Fetus in a position of semi or full-limb extension with not return to flexion with movement. Absence of fetal movement is counted as absent tone.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score: ____________</td>
<td>Score: ____________</td>
</tr>
</tbody>
</table>

**Amniotic Fluid**

<table>
<thead>
<tr>
<th>Score 2: A pocket of amniotic fluid that measures at least 2 cm in vertical axis.</th>
<th>Score 0: No fluid, or a pocket of less than 2 cm in vertical axis.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score: ____________</td>
<td>Score: ____________</td>
</tr>
</tbody>
</table>

**Comments:**

---

**Note:** This is the sonographer’s preliminary worksheet. For diagnosis, please refer to final report. Version.17 5.2017
### Amniotic Fluid Index Percentile Values (mm)

<table>
<thead>
<tr>
<th>Week</th>
<th>3rd</th>
<th>5th</th>
<th>50th</th>
<th>95th</th>
<th>97th</th>
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<tbody>
<tr>
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### Umbilical Artery S/D Ratio

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<td>------------------------</td>
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<tr>
<td>Uterus</td>
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<td>Endometrial Thickness</td>
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<tr>
<td>Left Ovary</td>
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**FOLLICLE EXAMINATION – Largest Follicles (Measured in Millimeters)**

<table>
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<th>LEFT OVARY VOLUME</th>
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<tr>
<td></td>
<td>mm</td>
<td>mm</td>
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<tr>
<td>1</td>
<td>mm</td>
<td>mm</td>
</tr>
<tr>
<td>2</td>
<td>mm</td>
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<td>9</td>
<td>mm</td>
<td>mm</td>
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Additional Follicles:

Total Follicles:

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<td></td>
<td>Myomas</td>
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<td></td>
<td>Fluid in Cavity</td>
<td></td>
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<td></td>
<td>Right Ovarian Mass</td>
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<td>Left Ovarian Mass</td>
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<td></td>
<td>Fluid in Cul-de-Sac</td>
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Note: This is the sonographer’s preliminary worksheet. For diagnosis, please refer to final report. Version 17.5.2017
Pediatric U/S Form for Pyloric Stenosis

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<th>ID#</th>
<th>Study Date:</th>
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<td>Reason for Exam:</td>
<td>Sonographer:</td>
<td></td>
</tr>
<tr>
<td>Prior Study Dates:</td>
<td>US:</td>
<td>CT:</td>
</tr>
<tr>
<td>Patient Age:</td>
<td>(Pyloric stenosis occurs between 1 week and 3 months of age)</td>
<td></td>
</tr>
<tr>
<td>PYLORIS:</td>
<td>Length mm (normal &lt; 15mm)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diameter mm (normal &lt; 7mm)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Single Wall mm (normal &lt; 3mm)</td>
<td></td>
</tr>
<tr>
<td>Fluid Moving Through Pyloris?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

**NORMAL VALUES**

- Length: <15mm
- Single muscle thickness: <3mm
- Pyloric width: <7mm

*values vary somewhat from publication to publication

**Comments:**

_________________________
_________________________
_________________________
_________________________
_________________________
_________________________
_________________________
_________________________
_________________________
_________________________
_________________________
_________________________
_________________________
_________________________
_________________________
_________________________
_________________________
# Pediatric Renal Ultrasound

**Patient Name:**

**Age:**

**ID#**

**Study Date:**

**Reason for Exam:**

**Sonographer:**

**Prior Study Dates:**

**US:**

**CT:**

**MR:**

**Other:**

## ULTRASOUND FINDINGS

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<th>Organ</th>
<th>NOT VIS</th>
<th>NL</th>
<th>ABNL</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Right Kidney</td>
<td>(L) _______ (H) _______ (W) _______ (cm)</td>
<td></td>
<td></td>
<td>Renal Pelvis: ____________mm</td>
</tr>
<tr>
<td>Left Kidney</td>
<td>(L) _______ (H) _______ (W) _______ (cm)</td>
<td></td>
<td></td>
<td>Renal Pelvis: ____________mm</td>
</tr>
<tr>
<td>Bladder</td>
<td>Ureteral Jets: Bilat Right Left</td>
<td>Pre Void: ____________ cc Post Void: ____________ cc</td>
<td></td>
<td></td>
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</tbody>
</table>

**Other:**

**Comments:**

Note: This is the sonographer’s preliminary worksheet. For diagnosis, please refer to final report. Version 17 5.2017
PEDIATRIC RENAL LENGTH MEASUREMENT

Patient Name: ____________________________  Age: ______  ID#: ____________________________  Study Date: ____________________

Reason for Exam: ___________________________________________________________________________________________________________________

Sonographer: ____________________________

Previous Studies: US: __________________  CT: __________________  MR: __________________  Other: __________________

Right Kidney

Left Kidney

Note: This is the sonographer’s preliminary worksheet. For diagnosis, please refer to final report. Version 17  5.2017
### NICU Renal Length Worksheet

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<th>Study Date:</th>
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**Reason for Exam:**

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<th>Sonographer:</th>
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**Prior Study Dates:**

<table>
<thead>
<tr>
<th>US:</th>
<th>CT:</th>
<th>MR:</th>
<th>Other:</th>
</tr>
</thead>
</table>

#### Right Kidney

**Gestational Age**

1 2 3 4

**Kidney Length (mm)**

1 2 3 4 5 6

#### Left Kidney

**Gestational Age**

1 2 3 4

**Kidney Length (mm)**

1 2 3 4 5 6

---

**Note:** This is the sonographer's preliminary worksheet. For diagnosis, please refer to final report. *Version 17 5.2017*
## Pelvic Ultrasound

### Patient Information

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Age:</th>
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<th>Study Date:</th>
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<th>Reason for Exam:</th>
<th>Sonographer:</th>
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<tbody>
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<th>US:</th>
<th>CT:</th>
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<table>
<thead>
<tr>
<th>LMP: ______ G: ______ P: ______</th>
<th>C-Section: □ Y □ N</th>
<th>Pregnancy Test: □ Negative □ Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Urine □ Serum</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Hormonal Replacement Therapy?</th>
<th>□ Y □ N</th>
<th>&lt;br&gt; OR □ No Pregnancy Test</th>
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</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Was transvaginal scanning performed?</th>
<th>□ Y □ N</th>
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</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did patient give verbal consent?</th>
<th>□ Y □ N</th>
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</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Initials of person performing TV scan or acting as stand-in:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
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### Organ Findings

**Uterus**

- TA: (L)_______ x (H)_______ x (W)_______ cm
- TV: (L)_______ x (H)_______ x (W)_______ cm

**Endometrium**

- TA: ________ mm  TV: ________ mm

**Cervix**

**Right Ovary / Adnexa**

- TA: (L)_______ x (H)_______ x (W)_______ cm  Vol = ________ ml
- TV: (L)_______ x (H)_______ x (W)_______ cm  Vol = ________ ml
- Blood Flow: □ Yes □ No  RI ________

**Left Ovary / Adnexa**

- TA: (L)_______ x (H)_______ x (W)_______ cm  Vol = ________ ml
- TV: (L)_______ x (H)_______ x (W)_______ cm  Vol = ________ ml
- Blood Flow: □ Yes □ No  RI ________

**Cul-de-Sac**

- Free Fluid □ Yes □ No

### Comments

______________________________________________________________________________________________

---

**Note:** This is the sonographer’s preliminary worksheet. For diagnosis, please refer to final report. Version 17 5.2017
# Renal or Retroperitoneal Ultrasound

<table>
<thead>
<tr>
<th>Organ</th>
<th>NOT VIS</th>
<th>NL</th>
<th>ABNL</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pancreas</td>
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<tr>
<td>Aorta</td>
<td>P: x</td>
<td>M: x</td>
<td>D: x</td>
<td>cm</td>
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<tr>
<td>IVC</td>
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<tr>
<td>Right Kidney</td>
<td>(L) ______  (H) ______  (W) ______ (cm)</td>
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<tr>
<td>Left Kidney</td>
<td>(L) ______  (H) ______  (W) ______ (cm)</td>
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<tr>
<td>Bladder</td>
<td>Ureteral Jets: Bilat Right Left</td>
<td>Pre Void: cc</td>
<td>Post Void: cc</td>
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<tr>
<td>Prostate</td>
<td>(L)_______ x (H)________ x (W)_______cm</td>
<td>Volume:________cc</td>
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</table>

**Other:**

Comments:_________________________________________________________________________________________________________

---

**Note:** This is the sonographer’s preliminary worksheet. For diagnosis, please refer to final report. Version 17 5.2017
Renal Artery Doppler Ultrasound

Patient Name: 
Age: 
ID#: 
Study Date: 
Reason for Exam: 
Sonographer: 
Prior Study Dates:
US: 
CT: 
MR: 
Other: 

ULTRASOUND FINDINGS

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<th>ABNL</th>
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<td>M: x</td>
<td>D: x</td>
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<td>(L)</td>
<td>(H)</td>
<td>(W)</td>
<td>(cm)</td>
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<td>Left Kidney</td>
<td>(L)</td>
<td>(H)</td>
<td>(W)</td>
<td>(cm)</td>
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Comments: ____________________________________________________________
___________________________________________________________________
______________________________________________________________

PEAK SYSTOLIC VELOCITY MEASUREMENTS IN THE RENAL ARTERIES

AORTA PSV ______________ cm/sec

<table>
<thead>
<tr>
<th></th>
<th>RENAL ARTERY PSV (cm/sec)</th>
<th>RAR (Renal Artery to Aorta Ratio):</th>
<th>RENAL ARTERY PSV (cm/sec)</th>
<th>RAR (Renal Artery to Aorta Ratio):</th>
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</thead>
<tbody>
<tr>
<td>RA Origin:</td>
<td>Right:</td>
<td>RA Origin: Left:</td>
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<tr>
<td>Mid RA:</td>
<td>Right:</td>
<td>Mid RA: Left:</td>
<td></td>
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<tr>
<td>Renal Hilum:</td>
<td>Right:</td>
<td>Renal Hilum: Left:</td>
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</tbody>
</table>

Reference Data: > 60% stenosis; RAR > 3.5:1; Renal artery PSV >180 cm/sec

Note: This is the sonographer’s preliminary worksheet. For diagnosis, please refer to final report. Version 17 5.2017
Transplant Renal Artery Doppler Ultrasound

Patient Name:
Age:
ID#
Study Date:

Reason for Exam:

Sonographer:

Prior Study Dates: US: CT: MR: Other:

ULTRASOUND FINDINGS

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<th>ABNL</th>
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<tr>
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<td>M: x</td>
<td>D: x</td>
<td>cm</td>
</tr>
<tr>
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<td>(L)</td>
<td>(H)</td>
<td>(W)</td>
<td>cm</td>
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<tr>
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<td>(H)</td>
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<td>cm</td>
</tr>
<tr>
<td>Transplant</td>
<td>(L)</td>
<td>(H)</td>
<td>(W)</td>
<td>cm</td>
</tr>
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Transplant Renal Vein:
Patent_________Thrombosed_________

RENAL PART
Please use symbols below to identify
☐ Calc  ☐
☐ Mass  ●
☐ Cyst  ○
☐ Hydro

RIGHT

LEFT

RENAL PART
Please use symbols below to identify
☐ Calc  ☐
☐ Mass  ●
☐ Cyst  ○
☐ Hydro

TRANSPLANT

PEAK SYSTOLIC VELOCITY MEASUREMENTS IN THE RENAL ARTERIES

<table>
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<tr>
<th>AORTA PSV cm/sec</th>
<th>RENAL ARTERY PSV (cm/sec)</th>
<th>RAR (Renal Artery to Aorta Ratio)</th>
<th>RENAL ARTERY PSV (cm/sec)</th>
<th>RAR</th>
<th>RENAL ARTERY PSV (cm/sec)</th>
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<td>Mid RA: Right:</td>
<td>Mid RA: Left:</td>
<td>Mid RA: Transplant:</td>
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<td>Mid RA: Transplant:</td>
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<tr>
<td></td>
<td>Renal Hilum: Right:</td>
<td>Renal Hilum: Left:</td>
<td>Renal Hilum: Transplant:</td>
<td></td>
<td>Renal Hilum: Transplant:</td>
<td></td>
</tr>
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</table>

Reference Date Native: > 60% stenosis; RAR > 3.5 : 1; Renal artery PSV >180 cm/sec
Reference DATA Transplant: significant stenosis RIR > 2.0 : 1; Renal artery PSV >200 cm/sec

Note: This is the sonographer's preliminary worksheet. For diagnosis, please refer to final report. Version.17 5.2017
Soft Tissue Ultrasound

Patient Name: ___________________________ Age: ___________ ID#: ___________ Study Date: ___________

Reason for Exam: ________________________ Sonographer: ________________________

Prior Study Dates: US: ___________ CT: ___________ MR: ___________ Other: ___________

FRONT VIEW

BACK VIEW

SONOGRAPHER REPORT

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Note: This is the sonographer’s preliminary worksheet. For diagnosis, please refer to final report. Version 17 5.2017
# Scrotal Ultrasound

**Patient Name:**

**Age:**

**ID#**

**Study Date:**

**Reason for Exam:**

**Sonographer:**

**Prior Study Dates:**

<table>
<thead>
<tr>
<th>US</th>
<th>CT</th>
<th>MR</th>
<th>Other</th>
</tr>
</thead>
</table>

## ULTRASOUND FINDINGS

### Right Epididymis

- **Size:** ______________ (mm)
  - [ ] Normal
  - [ ] Mass / Cyst
  - [ ] Enlarged
  - [ ] Hypervascular

### Left Epididymis

- **Size:** ______________ (mm)
  - [ ] Normal
  - [ ] Mass / Cyst
  - [ ] Enlarged
  - [ ] Hypervascular

### Right Testicle

- **Size:**
  - (L) _____ (H) _______ (W) _______ (cm)
  - [ ] Blood Flow, RI__________
  - [ ] Normal
  - [ ] Mass
    - [ ] Solid
    - [ ] Cystic
    - [ ] Complex
    - [ ] Shadowing
  - [ ] Calcifications
  - [ ] Hydrocele
  - [ ] Varicocele

### Left Testicle

- **Size:**
  - (L) _____ (H) _______ (W) _______ (cm)
  - [ ] Blood Flow. RI__________
  - [ ] Normal
  - [ ] Mass
    - [ ] Solid
    - [ ] Cystic
    - [ ] Complex
    - [ ] Shadowing
  - [ ] Calcifications
  - [ ] Hydrocele
  - [ ] Varicocele

## Comments:

---

*Note: This is the sonographer's preliminary worksheet. For diagnosis, please refer to final report. Version 17 5.2017*
# Thyroid Ultrasound

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<th>Patient Name:</th>
<th>Age:</th>
<th>ID#:</th>
<th>Study Date:</th>
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<tbody>
<tr>
<td>Reason for Exam:</td>
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<td></td>
</tr>
<tr>
<td>Prior Study Dates:</td>
<td>US:</td>
<td>CT:</td>
<td>MR:</td>
</tr>
<tr>
<td>PREVIOUS BIOPSY?</td>
<td>□ YES</td>
<td>□ NO</td>
<td>IF YES, WHICH SIDE?</td>
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<tr>
<td>PROCEDURE REPORT ATTACHED:</td>
<td>□ YES</td>
<td>□ NO</td>
<td>BIOPSY/LAB RESULTS ATTACHED:</td>
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<tr>
<td>COMMENT:</td>
<td></td>
<td></td>
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</tbody>
</table>

**RISKS:**
- Personal Hx Thyroid CA? □ YES □ NO
- Family Hx Thyroid CA 1º? □ YES □ NO
- Neck SRT as Child? □ YES □ NO
- Positive PET Scan? □ YES □ NO

Please use symbols below to identify:
- Calc ⫷
- Mass ●
- Cyst ○
- Complex ◎

## ULTRASOUND FINDINGS

<table>
<thead>
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<th>Right Lobe</th>
<th>Isthmus</th>
<th>Left Lobe</th>
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<tbody>
<tr>
<td><strong>Size:</strong></td>
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<tr>
<td>(L)_____ (H)_____ (W)_____ (cm)</td>
<td>Size:</td>
<td>Size:</td>
</tr>
<tr>
<td></td>
<td>____________mm</td>
<td>(L)_____ (H)_____ (W)_____ (cm)</td>
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<td>Nodules (size in mm):</td>
<td>Nodules (size in mm):</td>
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<table>
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<th>Right Lymph Nodes</th>
<th>Left Lymph Nodes</th>
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<td></td>
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**Comments:**

---

*Note: This is the sonographer’s preliminary worksheet. For diagnosis, please refer to final report.*

Version 17 5.2017
# Upper Extremity Arterial Ultrasound

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<thead>
<tr>
<th>Patient Name:</th>
<th>Age:</th>
<th>ID#</th>
<th>Study Date:</th>
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<table>
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<th>Sonographer:</th>
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<table>
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<th>Prior Study Dates:</th>
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<th>CT:</th>
<th>MR:</th>
<th>Other:</th>
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<table>
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<tr>
<th>Extremity Examined:</th>
<th>☐ Right</th>
<th>☐ Left</th>
<th>☐ Both</th>
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<tbody>
<tr>
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</tbody>
</table>

## Findings:

### RIGHT

- **Rt Common Carotid Artery** __________ cm/sec
- **Rt Subclavian Artery** __________ cm/sec
  - Proximal Rt. Subclavian __________ cm/sec
  - Distal Rt. Subclavian __________ cm/sec
- **Rt Axillary Artery** __________ cm/sec
- **Rt Brachial Artery** __________ cm/sec
  - Proximal Rt. Brachial __________ cm/sec
  - Distal Rt. Brachial __________ cm/sec
- **Rt Radial Artery** __________ cm/sec
  - Proximal Rt. Radial Artery __________ cm/sec
  - Distal Rt. Radial Artery __________ cm/sec
- **Rt Ulnar Artery** __________ cm/sec
  - Proximal Rt. Ulnar __________ cm/sec
  - Distal Rt. Ulnar __________ cm/sec

### LEFT

- **Lt Common Carotid Artery** __________ cm/sec
- **Lt Subclavian Artery** __________ cm/sec
  - Proximal Lt. Subclavian __________ cm/sec
  - Distal Lt. Subclavian __________ cm/sec
- **Lt Axillary Artery** __________ cm/sec
- **Lt Brachial Artery** __________ cm/sec
  - Proximal Lt. Brachial __________ cm/sec
  - Distal Lt. Brachial __________ cm/sec
- **Lt Radial Artery** __________ cm/sec
  - Proximal Lt. Radial Artery __________ cm/sec
  - Distal Lt. Radial Artery __________ cm/sec
- **Lt Ulnar Artery** __________ cm/sec
  - Proximal Lt. Ulnar __________ cm/sec
  - Distal Lt. Ulnar __________ cm/sec

## Comments:

- This is the sonographer's preliminary worksheet. For diagnosis, please refer to final report.

Version.17 5.2017
Upper Extremity
Venous Ultrasound

Patient Name:  Age:  ID#  Study Date:

Reason for Exam:  Sonographer:

Prior Study Dates:  US:  CT:  MR:  Other:

Extremity Examined:  □ Right  □ Left  □ Both

Findings:

RIGHT

LEFT

Jugular V
Subc V
Axill V
Cepheic V
Brachial V
Basillic V
Medial Cubital V
Ulnar V
Radial V

Comp  Aug  Color  Thromb

Jugular
Subclav
Axillary
Cephalic
Brachial
Basilic
Median Cubital
Ulnar
Radial

Comp  Aug  Color  Thromb

Jugular
Subclav
Axillary
Cephalic
Brachial
Basilic
Median Cubital
Ulnar
Radial

Comments:

Note: This is the sonographer's preliminary worksheet. For diagnosis, please refer to final report.  Version.17  5.2017
# Fetal Growth Chart

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<th>Sonographer</th>
<th>EDC by LMP</th>
<th>EDC by US</th>
<th>Gest Age by US</th>
<th>GA by 1st US</th>
<th>BPP Score/Comments</th>
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*Note: This is the sonographer’s preliminary worksheet. For diagnosis, please refer to final report.*  
Version: 17  5.2017
Twin Growth Chart

Patient Name: ___________________________  Age: _______  ID#: _______  LMP: _________________________

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Weight (g)

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</table>

Plot Points: BABY A = X, BABY B = O

Note: This is the sonographer's preliminary worksheet. For diagnosis, please refer to final report.  Version 17 5.2017
**BREAST ULTRASOUND WORKSHEET**

**Patient Name:**

**Age:**

**ID#**

**Study Date:**

**Reason for Exam:**

**Sonographer:**

**Prior Study Dates:**

**US:**

**CT:**

**MR:**

**Other:**

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<th>Previous Lesion #</th>
<th>O’Clock</th>
<th>Position</th>
<th>Current Size (L x H x W)</th>
<th>Previous Size (L x H x W)</th>
<th>Current Description/Flow</th>
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**Note:** This is the sonographer's preliminary worksheet. For diagnosis, please refer to final report. Version 17 5.2017
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# PROCEDURE WORKSHEET

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<td>CT:</td>
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**Ultrasound Guided** -

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**Radiologist** -

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**Specimen sent to lab** - YES / NO

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**Specimen Description** -

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**Amount Removed (CC’s or Passes)** -

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**Procedure Note Placed in EPIC** - YES / NO

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**Comments** -

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