

**Abdominal Aorta**

**Ultrasound Worksheet**

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MR#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_**

**Referring Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tech: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient History: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**AORTA PROX: ☐** Flow **☐** NO Flow **☐** Not Visualized **☐** Aneurysm Present:

Diam: \_\_\_\_\_\_\_ AP x \_\_\_\_\_\_\_ W (cm) Length: \_\_\_\_\_\_\_

**AORTA MID: ☐** Flow **☐** NO Flow **☐** Not Visualized **☐** Aneurysm Present:

Diam: \_\_\_\_\_\_\_ AP x \_\_\_\_\_\_\_ W (cm) Length: \_\_\_\_\_\_\_

**AORTA DISTAL: ☐** Flow **☐** NO Flow **☐** Not Visualized **☐** Aneurysm Present:

Diam: \_\_\_\_\_\_\_ AP x \_\_\_\_\_\_\_ W (cm) Length: \_\_\_\_\_\_\_

**RT ILIAC: ☐** Flow **☐** NO Flow **☐** Not Visualized **☐** Aneurysm Present:

Diam: \_\_\_\_\_\_\_ AP x \_\_\_\_\_\_\_ W (cm) Length: \_\_\_\_\_\_\_

**LT ILIAC: ☐** Flow **☐** NO Flow **☐** Not Visualized **☐** Aneurysm Present:

Diam: \_\_\_\_\_\_\_ AP x \_\_\_\_\_\_\_ W (cm) Length: \_\_\_\_\_\_\_

**If aneurysm present:**

Retroperitoneal Fluid: **☐** Yes **☐** No Mural Thrombus Present: **☐** Yes  **☐** No

Extends to Bifurcations: **☐** Yes **☐** No

Renal Arteries Involved: **☐** Yes  **☐** No **Changes from Prior Exam: ☐** Yes **☐** No

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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