

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

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**Previous Exams: ☐** US **☐** CXR **☐** CT **☐** MRI Exam Date: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_

**Previous Findings: Previous Procedures:**

**Pleural Effusion: ☐** RT **☐** LT **☐** BILAT **☐** LOCULATED **☐** THORACENTESIS

**Ascites: ☐** Yes **☐** No **☐** PARACENTESIS

**Ultrasound Exam Findings:**

**Pleural Effusion: ☐** RT **☐** LT **☐** BILAT **☐** LOCULATED

**Ascites: ☐** Yes **☐** No

Addition Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If Thora/Paracentesis performed afterwards:**

Performed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Specimen Obtained: **☐** Yes **☐** No

Site Performed: **☐** RLQ **☐** LLQ Specimen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vol. of Fluid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mL Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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**Chest / Abdominal**

**Limited Worksheet**