

Ultrasound Procedure Dictation Templates

Gallbladder

I performed a focused and limited abdominal ultrasound of the gallbladder and common bile duct to evaluate for cholelithiasis and choledocholithiasis in this [47 year old female] with a complaint of [RUQ pain, fever, vomiting, leukocytosis and abnormal LFTs].

The gallbladder was visualized [with / without] difficulty in longitudinal and transverse windows and [gallstones / no stones] were seen in the [fundus / body / neck]. There [was a / was no] sonographic Murphy's sign noted. The common bile duct [was / was not] dilated measuring at [1.3 cm]. The gallbladder wall [was / was not] thickened at [0.4 cm]. Pericholecystic fluid [was / was not] seen.

Based on these findings, additional testing and workup is indicated for suspected [cholecystitis / cholelithiasis / choledocholithiasis / acalculous cholelithiasis / acalculous choledocholithiasis].

Renal

I performed a focused and limited abdominal ultrasound of the kidneys and ureters to evaluate for hydronephrosis in this [47 year old female] with a complaint of [flank pain, abdominal pain, suspected urinary obstruction, microscopic hematuria and vomiting].

The kidneys were visualized [with / without] difficulty in transverse and longitudinal windows and [renal calculi / no renal calculi] were seen in the renal sinuses. There [was / was no] hydronephrosis noted [bilaterally / right kidney / left kidney]. There [was / was no] hydroureter noted.

Based on these findings, additional testing and workup is indicated for suspected [nephrolithiasis / renal colic / ureteral lithiasis / urinary obstruction].

FAST

I performed a focused and limited trauma ultrasound of the abdomen, pericardium and pelvis to evaluate for pericardial tamponade and blood in the abdomen and pelvis in this [47 year old female] involved in [an MVC, a stabbing, a fall, etc...]

The perihepatic, pericardial, perisplenic and pelvic windows were visualized [with / without] difficulty. There [was / was no] fluid noted in the hepato-renal space. There [was / was no] fluid noted in the pericardium. There [was / was no] fluid noted in the spleno-renal space or at the splenic-diaphragm interface. There [was / was no] fluid noted in the [rectovesicular / rectouterine] space. {Any window poorly visualized can be dictated as indeterminate}

Based on these findings, additional testing and workup is indicated for suspected [blunt abdominal trauma / hemoperitoneum / pericardial tamponade].

Aorta

I performed a focused and limited ultrasound of the abdominal aorta, to evaluate for abdominal aortic aneurysm in this [47 year old female] with a complaint of [abdominal pain, flank pain, hypotension of uncertain etiology, syncope, pulsatile mass]

The aorta was visualized [with / without] difficulty. The proximal aorta [was / was not] within normal limits measuring [2.7 cm]. The mid-aorta [was / was not] within normal limits measuring [2.2 cm]. The distal aorta [was / was not] within normal limits measuring [2.0 cm]. *{There [was / was no] evidence of an intimal flap. There [was / was no] evidence of dissection. There [was / was no] evidence of free fluid in the pelvis.}*

Based on these findings, additional testing and workup is indicated for suspected [abdominal aortic aneurysm / dissecting aortic aneurysm / abdominal pain].

Echo / Cardiac

I performed a focused and limited ultrasound of the heart, to evaluate the pericardial space, estimate ventricular filling, determine ventricular wall motion and approximate ejection fraction in this [47 year old female] with a complaint of [cardiac arrest, chest pain, shortness of breath, hypotension of uncertain etiology and syncope]

The heart was visualized [with / without] difficulty in the subcostal, apical and parasternal windows. The pericardial space [was / was not] noted to have effusion. Left ventricular wall motion was [limited / not limited / absent]. Ventricular filling was noted to be [effective / ineffective]. Ejection fraction was estimated to be [poor / within acceptable limits] at [50%] via M-mode calculations.

Based on these findings, additional testing and workup is indicated for suspected [pericardial tamponade, hypovolemia, arrhythmia / ischemia / acute coronary syndrome / congestive heart failure].