

Right / Left

Patient I.D.

Sonographer

Scan Quality _____

Clinical Indication / Relevant surgery

Complete / Delete as clinically appropriate

Hip joint: Effusion Y / N

Trochanter Fluid Y / N
Other

Lymph Nodes Present Y / N Largest: _____
Comment

Femoral Hernia Y / N Bowel involved Y / N
Reducible Y / N

Inguinal Hernia Y / N
 Med to Inf. Epigastric vessels (Direct)
 Lat to Inf. Epigastric vessels (Indirect)
Reducible Y / N
Focally tender Y / N
Neck _____mm

Other