

Patient Name: \_\_\_\_\_

Patient Age: |\_\_| |\_\_| . |\_\_|

Years

Months

Patient Sex: Male  Female

### FORM HIFR2 - ULTRASOUND RESULTS

Date of Test: |\_\_| |\_\_| / |\_\_| |\_\_| / |\_\_| |\_\_| |\_\_| |\_\_| or Not Done  \_\_\_\_\_  
Day Month Year

**Please comment on the size and infiltration of major abdominal organs.**

<b>Abdominal Organ (check all that apply)</b>			
a) Kidney	i. Right kidney:	ii. Left kidney:	
	Normal <input type="checkbox"/> 1	Normal <input type="checkbox"/> 1	
	Enlarged <input type="checkbox"/> 2	Enlarged <input type="checkbox"/> 2	
	Infiltrated <input type="checkbox"/> 3	Infiltrated <input type="checkbox"/> 3	
Comments:			
b) Liver	i. Right lobe:	ii. Middle lobe:	iii. Left lobe:
	Normal <input type="checkbox"/> 1	Normal <input type="checkbox"/> 1	Normal <input type="checkbox"/> 1
	Enlarged <input type="checkbox"/> 2	Enlarged <input type="checkbox"/> 2	Enlarged <input type="checkbox"/> 2
	Infiltrated <input type="checkbox"/> 3	Infiltrated <input type="checkbox"/> 3	Infiltrated <input type="checkbox"/> 3
Comments:			
c) Ovaries <input type="checkbox"/>	Not Applicable		
	i. Right ovary:	ii. Left ovary:	
	Normal <input type="checkbox"/> 1	Normal <input type="checkbox"/> 1	
	Enlarged <input type="checkbox"/> 2	Enlarged <input type="checkbox"/> 2	
	Infiltrated <input type="checkbox"/> 3	Infiltrated <input type="checkbox"/> 3	
Comments:			
d) Testes <input type="checkbox"/>	Not Applicable		
	i. Right testis:	ii. Left testis:	
	Normal <input type="checkbox"/> 1	Normal <input type="checkbox"/> 1	
	Enlarged <input type="checkbox"/> 2	Enlarged <input type="checkbox"/> 2	
	Infiltrated <input type="checkbox"/> 3	Infiltrated <input type="checkbox"/> 3	
Comments:			
e) Spleen	Normal <input type="checkbox"/> 1		
	Enlarged <input type="checkbox"/> 2		
	Infiltrated <input type="checkbox"/> 3		
Comments:			
f) Retroperitoneal space (Mesenteric Lymph Nodes)	Normal <input type="checkbox"/> 1		
	Enlarged <input type="checkbox"/> 2		
	Infiltrated <input type="checkbox"/> 3		
Comments:			

<b>Hospital ID</b>
(stick label here)

*Initials/Date*

Transcribed by: \_\_\_\_\_

Checked by: \_\_\_\_\_

<b>Subject ID</b>
(stick label here)