Patient Name:			_	Patient Age:		•	☐ Ye.	
Patient Sex: Male] Female \square						'' □ Mo	ntns
FORM HIFR2 - ULTRASOUND RESULTS								
Date of Test:	/ _ Day Mont		 Ye		Not Don	e □1 _		
Please comment on the size and infiltration of major abdominal organs.								
Abdominal Organ (check all that apply)								
	Right kidney: Normal	1		Left kidney: Normal	П 1			
	Enlarged	\square 1 \square 2		Normai Enlarged	\Box 1 \Box 2			
	Infiltrated			Infiltrated	$\square 3$			
Comments:								
	Right lobe:			Middle lobe:		iii.	Left lobe:	
	Normal			Normal	□ 1 □ 1		Normal	
	Enlarged	\square 2		Enlarged	\square 2		Enlarged	
	Infiltrated	□ 3		Infiltrated	□ 3		Infiltrated	□ 3
Comments:								
c) Ovaries \square N	ot Applicable							
	Right ovary:		ii.	Left ovary:				
	Normal			Normal				
	Enlarged Infiltrated	\square 2 \square 3		Enlarged Infiltrated	\square 2 \square 3			
	mmuated	ப 3		IIIIIIIIIatea	ப 3			
Comments:								
	ot Applicable							
	Right testis:		ii.	Left testis:				
	Normal			Normal				
	Enlarged Infiltrated	\square 2 \square 3		Enlarged Infiltrated	\square 2 \square 3			
	mmuacc	ப 5		mmaca				
Comments:								
e) Spleen	Normal	1						
	Enlarged	\square 2						
	Infiltrated	□ 3						
Comments:								
f) Retroperitoneal	space	Norm	nal	1				
(Mesenteric Ly	Enlarged							
	Infiltrated \square 3							
Comments:								
	\neg			Initials/Date				
ospital ID	Tra	nscribed by:					Subject ID	
(stick label here)	Checked by:					(stick la	bel here)	

Top Copy: Affix Hospital ID label and Return to Study Office Bottom Copy: Retain by Lab