

**DSU VET. SERVICES, INC.**  
**ABDOMINAL ULTRASOUND REPORT**

*[www.dsuvet.com](http://www.dsuvet.com) - Phone: 305-962-5207 - Fax: 1-888-719-1734 - E-mail: [drlilly@dsuvet.com](mailto:drlilly@dsuvet.com)*

---

Date: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**PATIENT DESCRIPTION**

Client's Last Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Lbs

Sex: female ( ) male ( ) FS ( ) MN ( )

**HISTORY, CHIEF COMPLAINT**

**PHYSICAL EXAM, BLOOD RESULTS AND RADS FINDINGS** (record any significant abnormalities)

**CURRENT THERAPY :**

**ATTACHMENTS:**

Blood results ( )  
X-rays images ( )  
Ultrasound images ( )  
Cytology ( )  
Pet 's picture ( )  
Urinalysis ( )  
EKG ( )  
Others ( ) specify:

**REPEAT ULTRASOUND STUDY**

YES ( )                      DATE:

NO ( )