Affix patient sticker and printed image. If multiple exam types performed, use additional sheets. Mark boxes to indicate exam type and interpretation.

- **FAST**
  - Medical necessity: Evaluate for intraperitoneal or pericardial fluid.
  - Structures studied: Hepatorenal space, splenorenal space, pericardium, bladder
  - Interpretation: □ Positive (Fluid present) □ Negative (No fluid)
  - Comments: ________________________________

- **RENAI**
  - Medical necessity: Evaluate for hydronephrosis in possible renal colic.
  - Structures studied: Kidney, including renal cortex and collecting system
  - Interpretation: □ Positive (hydronephrosis) □ Negative (No hydro)
  - Comments: ________________________________

- **CARDIAC**
  - Medical necessity: Evaluate for pericardial effusion.
  - Structures studied: Heart, pericardium
  - Interpretation: □ Positive (effusion present) □ Negative (no effusion)
  - Comments: ________________________________

- **RIGHT UPPER QUADRANT**
  - Medical necessity: Evaluate for gall stones or sonographic signs of cholecystitis, such as thickened gall bladder wall, pericholecystic fluid, or dilated common bile duct.
  - Structures studied: Gall bladder, liver, biliary tree
  - Interpretation: 1) □ Stones present □ Stones absent
  - 2) □ Signs of cholecystitis □ No signs of cholecystitis
  - 3) □ Dilated CBD □ Normal CBD
  - □ CBD not well-visualized.
  - Comments: ________________________________

- **AORTA**
  - Medical necessity: Evaluate the aorta for presence or absence of aneurysm.
  - Structures studied: Aorta
  - Interpretation: □ Positive (greater than 3 cm) □ Negative (less than 3 cm)
  - Comments: ________________________________

- **EARLY PREGNANCY**
  - Medical necessity: Confirm intrauterine pregnancy (IUP) and evaluate for signs of ectopic pregnancy.
  - Structures studied: Uterus and its contents, bladder, ovaries, vesicouterine space, rectouterine space
  - Interpretation: □ Normal IUP □ Abnormal IUP □ No IUP
  - Comments: ________________________________

**Attending MD Signature:** ________________________ **Date:** __________ **Time:** _______