

How to Read Your Abdominal Ultrasound Report

Your healthcare provider (usually a doctor, nurse practitioner, or physician assistant) sometimes uses medical imaging tests to diagnose and treat diseases. A radiologist is a doctor who supervises these exams, reads and interprets the images, and writes a report for your healthcare provider. This report may contain medical terminology and complex information. If you have any questions, be sure to talk to your provider or ask if you can speak to a radiologist (not all imaging centers make their radiologists available for patient questions).



What is Abdominal Ultrasound commonly used for?

Doctors use abdominal ultrasound imaging to evaluate the:

- kidneys
- liver
- gallbladder
- bile ducts
- pancreas
- spleen
- abdominal aorta and other blood vessels of the abdomen

Doctors use ultrasound to help diagnose a variety of conditions, such as:

- abdominal pain
- abnormal blood tests (often for blood tests that look at your liver or kidney function)
- kidney stones (<https://www.radiologyinfo.org/en/info/stones-renal>)
- gallstones (<https://www.radiologyinfo.org/en/info/gallstones>) or inflammation of your gallbladder (acute cholecystitis (<https://www.radiologyinfo.org/en/info/cholecystitis>))
- an abdominal aortic aneurysm (AAA) (<https://www.radiologyinfo.org/en/info/abdoaneurysm>)

Additionally, your doctor may use ultrasound to provide guidance for biopsies.

Doppler ultrasound is a specific type of ultrasound exam that is sometimes done with abdominal ultrasound. This helps the radiologist see and evaluate:

- Blood flow to specific organs. When done with abdominal ultrasound, it is often to look at blood flow to your liver or kidneys.
- Congenital vascular malformations

For more information, see the Abdominal Ultrasound page (<https://www.radiologyinfo.org/en/info/abdominus>).

Sections of the Radiology Report

Type of exam

This section usually shows the date, time, and type of exam. This is usually dictated by your symptoms or needs.

Example:

- *Abdominal Ultrasound performed January 10th, 2023.*

History/Reason for exam

This section usually lists the information that your ordering provider has listed for the radiologist when they ordered your exam. It allows your ordering provider to explain what symptoms you are having and why they are ordering the radiology test. This helps the Radiologist accurately interpret your test and focus the report on your symptoms and past medical history. Sometimes the radiologist who reads your exam will also add information that they find in your chart or in the forms that you fill out before your imaging test.

Example:

- *64-year-old male with a history of kidney stones and new abdominal pain.*

Comparison/Priors

If you have had relevant prior imaging exams, the radiologist will compare them to the new imaging exam. If so, the radiologist will list them here. Comparisons usually involve exams of the same body area and exam type. It is always a good idea to get any prior imaging exams from other hospitals/facilities and give them to the radiology department where you are having your test. Having these older exams can be very helpful to the radiologist. In some cases, simply having your prior test available will make a difference in what the radiologist recommends if they see something on your scan. The prior exam can help show if a previous finding is unchanged or if there is a new finding.

Example:

- *Comparison is made to an Abdominal Ultrasound performed August 24, 2018, and CT scan dated July 5th 2021.*

Technique

This section describes how the exam was done. Because this section is used for documentation purposes, it is not typically useful for you or your doctor. However, it can be very helpful to a radiologist for any future exam if needed.

Example:

- *Abdominal ultrasound was performed utilizing grayscale and color Doppler images.*

Findings

This section lists what the radiologist saw in each area of the body in the exam. Your radiologist notes whether they think the area is normal, abnormal, or potentially abnormal. Sometimes an exam covers an area of the body but does not discuss any findings. This usually means that the radiologist looked but did not find any problems to tell your doctor. Some radiologists will report things in paragraph form, while others use a reporting style where each organ or region of the body is listed with the findings. If the radiologist does not see anything concerning it may say “normal” or “unremarkable.”

Example:

- *Pancreas: The head and body of the pancreas appear unremarkable.*
- *Liver: The liver parenchyma appears echogenic suggesting fatty liver. An indeterminate hypoechoic focus measuring 2cm is noted in the right lobe.*
- *Gallbladder: Gallstones are seen.*
- *Spleen: Unremarkable.*
- *Kidneys: No masses, stones or hydronephrosis.*
- *Abdominal Aorta: Upper abdominal aorta is normal and measures 2 cm.*

Impression

In this section, the radiologist summarizes the findings and reports the most important findings that they see and possible causes for those findings. It also has recommendations for any follow-up actions. This section offers the most important information for decision-making. Therefore, it is the most important part of the radiology report for you and your healthcare team.

For an abnormal finding, the radiologist may recommend:

- other imaging tests that can help better assess the finding or getting a follow up imaging test to relook at the finding after a period of time.
- biopsy.
- combining the finding with clinical symptoms or laboratory test results.
- comparing the finding with any other imaging studies that the radiologist interpreting your test does not have access to. This is common when you have imaging tests done at different facilities or hospitals.

For a potentially abnormal finding, the radiologist may make any of the above recommendations. Sometimes the report does not answer the clinical question, and more exams may be needed. More exams may be necessary to follow-up on a suspicious or questionable finding.

Example:

1. *No findings on the current ultrasound to account for the patient's clinical complaint of abdominal pain.*
2. *The liver appears echogenic suggesting hepatic steatosis (fatty liver).*
3. *Indeterminate hypoechoic mass in the liver*

RECOMMENDATION: Consider a CT abdomen without and with contrast to better assess the indeterminate liver lesion.

Additional Information

Once the report is complete, the radiologist signs it, and sends the report to your doctor who will then discuss the results with you. The doctor may upload the report to your patient portal before they call you. If you read the report before talking to your doctor, don't make assumptions about the report's findings. Something that seems to be bad often turns out not to be a cause for concern.

Sometimes, you may have questions about your report that your doctor cannot answer. If so, talk to your facility's imaging staff. Many radiologists are happy to answer your questions.

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