
Procedure Title: **Abdominal Ultrasound**

Patient Name: _____

Appointment Time:

When: _____ Date: _____ Time: _____

Where: You will report to the Admitting area on the 1st floor of Daviness Community Hospital.

Purpose : This test uses sound waves to take images of your abdominal organs. This usually includes the gallbladder, liver, pancreas, kidneys and spleen. This scan is safe and painless and there is no radiation involved.

Preparation: Do not have anything to eat or drink for at least 6 hours prior to this examination. Medicines may be taken with water only.

Procedure: This examination usually takes about 30 minutes. A water-based gel will be applied over your abdomen. A plastic device called a transducer will be moved over your abdomen to obtain the necessary images for the Radiologist.

After Care: You may resume all normal activities after the test. Follow up with your attending physician to discuss results. Results usually are available to the physician in 2 business days.

Please call (812) 254-8851 to speak with an ultrasound technologist if you have any questions.

Reviewed: 11/11/2014