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Procedure Title: **Aorta Ultrasound**

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**Patient Name:** \_\_\_\_\_

**Appointment Time:**

When: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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**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 Aorta. This scan is safe and painless. There is no radiation involved.

**Preparation:** There is no preparation for this examination.

**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