

<input type="checkbox"/> <b>Thoracic FAST</b> Pericardial effusion? Wall motion? Pleural Effusion Pneumothorax	Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <b>Abdominal FAST</b> Free intraperitoneal fluid? Hepatorenal recess? Spenorenal? Pelvis?	Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <b>Aorta</b> Aortic diameter > than 3 cm? Largest diameter? Iliacs > 1.5 cm?	Yes No <input type="checkbox"/> <input type="checkbox"/> ..... mm <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <b>Pelvic Trans-Abdominal</b> IUP? Yolk Sac? Fetal Pole? Fetal Heart? Free fluid in the pelvis? Thickness of endo-myometrial mantle?	Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ..... mm
<input type="checkbox"/> <b>Pelvic Trans-Vaginal</b> IUP? Yolk Sac? Fetal Pole? Fetal Heart? Free fluid in the pelvis? Thickness of endo-myometrial mantle?	Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ..... mm
<input type="checkbox"/> <b>Biliary</b> Gallstones? Pericholecystic fluid? Sonographic Murphy's sign? Wall thickness > 3mm? CBD diameter > 6mm?	Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <b>Renal</b> Hydronephrosis? Left? Right?	Yes No <input type="checkbox"/> <input type="checkbox"/> mild / mod / severe mild / mod / severe
<input type="checkbox"/> <b>DVT</b> DVT present? Common Femoral? Superficial/Deep Femoral Junction? Popliteal?	Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <b>Other</b> Soft Tissue Ocular IVC	Finding Yes No <input type="checkbox"/> <input type="checkbox"/>

Time:  
 8am-4pm  
 4pm-12am  
 12am-8am

Educational Study  
 Clinically Indicated

Comments:

Interpreted by:  
 Attending: \_\_\_\_\_  
 Director: \_\_\_\_\_  
 Fellow: \_\_\_\_\_

<b>Thorax</b>	ATT	DIR	FEL
TN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Abdomen</b>	ATT	DIR	FEL
TN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Aorta</b>	ATT	DIR	FEL
TN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pelvic T-A</b>	ATT	DIR	FEL
TN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pelvic T-V</b>	ATT	DIR	FEL
TN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Biliary</b>	ATT	DIR	FEL
TN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Renal</b>	ATT	DIR	FEL
TN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DVT</b>	ATT	DIR	FEL
TN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	ATT	DIR	FEL
TN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>