

Animal ID: _____



NMMF DOLPHIN ULTRASOUND EVALUATION FORM (FIELD PROTOCOL)

Date: _____ Location: _____
 Animal ID: _____ Animal Name: _____
 Sex (circle): Male Female Unknown
 Ultrasonographer: _____ Tech: _____
 Machine (circle): Sonosite Edge GE Voluson i Other: _____
 Transducer (circle): C60 4C-RS RAB2-5 Other: _____
 Method (circle): In water Out of water Both

LEFT: THORAX

Technique: Sternal Recumbency RT Lateral Recumbency Sternal in Water

1. LT sup. cervical LNs: Evaluated Not evaluated
 US appearance (subj): Normal Abnormal
 If abnormal, describe: _____
 Size of predominant node (cm): _____

2. LT lung field: Evaluated Not evaluated
 US appearance (subj): Normal Mild Disease Moderate Disease Severe Disease
 Pleural effusion: Y/N If yes, max depth (cm): _____ Anechoic Hypoechoic Hyperechoic Mixed
 AIS: Y/N If yes, distribution: _____
 If yes: Mild Moderate Severe
 Pulmonary nodule(s): Y/N 1. If yes, location & size: _____
 2. If yes, location & size: _____
 3. If yes, location & size: _____
 Pulmonary mass(es): Y/N 1. If yes, location & size: _____
 2. If yes, location & size: _____
 3. If yes, location & size: _____
 Pulm. consolidation: Y/N If yes, location: _____
 If yes: Mild Moderate Severe

Comments: _____

3. LT marginal LN: Evaluated Not evaluated
 US appearance (subj): Normal Abnormal If abnormal, describe: _____
 Size, max (cm): _____

4. Additional Findings: _____

Sonographer Initials: _____

Animal ID: _____



RIGHT: THORAX (ABBREVIATED)

Technique: Sternal Recumbency LT Lateral Recumbency Sternal in Water

1. RT sup. cervical LNs: Evaluated Not evaluated

US appearance (subj): Normal Abnormal

If abnormal, describe: _____

Size of predominant node (cm): _____

2. RT lung field: Evaluated Not evaluated

US appearance (subj): Normal Mild Disease Moderate Disease Severe Disease

Pleural effusion: Y/N If yes, max depth (cm): _____ Anechoic Hypoechoic Hyperechoic Mixed

AIS: Y/N If yes, distribution: _____

If yes: Mild Moderate Severe

Pulmonary nodule(s): Y/N 1. If yes, location & size: _____

2. If yes, location & size: _____

3. If yes, location & size: _____

Pulmonary mass(es): Y/N 1. If yes, location & size: _____

2. If yes, location & size: _____

3. If yes, location & size: _____

Pulm. consolidation: Y/N If yes, location: _____

If yes: Mild Moderate Severe

Comments: _____

3. RT marginal LN: Evaluated Not evaluated

US appearance (subj): Normal Abnormal If abnormal, describe: _____

Size, max (cm): _____

4. Additional Findings: _____

RIGHT: ABDOMEN (ABBREVIATED)

Technique: Sternal Recumbency LT Lateral Recumbency Sternal in Water

1. Pylorus: Evaluated Not evaluated

US appearance (subj): Normal Abnormal If abnormal, describe: _____

Ingesta visualized: Y/N If yes, describe: _____

Subjective motility: Hypomotile Normal Hypermotile

Focal lesions: Y/N If yes, describe: _____

2. Duodenal ampulla: Evaluated Not evaluated

US appearance (subj): Normal Abnormal If abnormal, describe: _____

Ingesta visualized: Y/N If yes, describe: _____

Subjective motility: Hypomotile Normal Hypermotile

Focal lesions: Y/N If yes, describe: _____

Sonographer Initials: _____

Animal ID: _____



RIGHT: ABDOMEN (ABBREVIATED; CONTINUED)

3. RT kidney: Evaluated Not evaluated
 US appearance (subj): Normal Abnormal If abnormal, describe: _____
 Central CD visualized: Y/N If yes, max diameter (cm): _____
 Hydronephrosis: Y/N Mild Moderate Severe
 Lesions: Y/N 1. If yes, location & size: _____
 2. If yes, location & size: _____
 Max diam(cm) trans: _____
 Comments: _____

4. Urinary bladder: Evaluated Not evaluated
*****May not obtain images or data if acquired on left*****
 US appearance (subj): Normal Abnormal If abnormal, describe: _____
 Distension (subj): Minimal Moderate Maximal
 Wall lesions: Y/N If yes, describe: _____

5. RT testicle: Evaluated Not evaluated Not applicable
 US appearance (subj): Normal Abnormal If abnormal, describe: _____
 Max diam (cm) trans: _____
 Head of epididymis: Normal Abnormal If abnormal, describe: _____
 Tail of epididymis: Normal Abnormal If abnormal, describe: _____
 Body of epididymis: Normal Abnormal If abnormal, describe: _____
 Lesions: Y/N If yes, describe: _____

6. Prostate: Evaluated Not evaluated Not applicable
*****May not obtain images or data if acquired on left*****
 US appearance (subj): Normal Abnormal If abnormal, describe: _____
 Lesions: Y/N If yes, describe: _____

7. RT ovary, uterus, uterine horn: See female repro form

8. RT mammary gland: Evaluated Not evaluated Not applicable
 US appearance (subj): Normal Abnormal If abnormal, describe: _____
 Lesions: Y/N If yes, describe: _____

OTHER

1. Blubber depth (cm) at biopsy site: _____
*****May not obtain images or data if acquired on left*****

2. Thyroid: IMAGES: Cine: mid trans , mid long , left oblique , right oblique
 Evaluated Not evaluated US appearance (subj) _____
 Mid Max size(cm) trans: _____ Mid VD Max size(cm) long: _____ Mid CC Max size(cm) long: _____
 Rt VD Max size(cm) long: _____ Rt CC Max size(cm) long: _____
 LT VD Max size(cm) long: _____ LT CC Max size(cm) long: _____

3. Additional Findings: _____

Sonographer Initials: _____