

Sonographer

Name:

Relevant Clinical History: _____

RIGHT	Inguinal Canal	Hernia / Normal Indirect / Direct Omental / Bowel Free / Non reducible/Strangulated
	Femoral Canal	Hernia / Normal Omental / Bowel Free / Strangulated
LEFT	Inguinal Canal	Hernia / Normal Indirect / Direct Omental / Bowel Free /Non reducible/ Strangulated
	Femoral Canal	Hernia / Normal Omental / Bowel Free / Strangulated

COMMENTS: _____