

[Your Hospital/Clinic Letterhead]  
[Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]  
[Date]  
[Recipient's Name]  
[Recipient's Title (e.g., MD, DO, NP)]  
[Recipient's Institution]  
[Address]  
[City, State, Zip Code]  
Dear [Recipient's Name],  
Subject: Ultrasound Report for [Patient's Name], [Patient's ID/Medical  
Record Number]  
Date of Exam: [Date of Ultrasound]  
Referring Physician: [Referring Physician's Name]  
Indication for Exam: [Brief indication for ultrasound]  
Findings:  
- [Description of findings, including relevant measurements and  
abnormalities]  
- [Any additional observations or notes]  
Impression:  
- [Summary of key findings, differential diagnoses, and recommendations,  
if applicable]  
Recommendations:  
- [Further testing, follow-up imaging, or referrals, if necessary]  
Thank you for the opportunity to assist in the care of [Patient's Name].  
Please feel free to contact me if you have any questions or require  
further information.  
Sincerely,  
[Your Name]  
[Your Title]  
[Your Department]  
[Your Institution]