[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

We are writing to provide you with the results of your recent ultrasound performed on [Date of Exam].

The radiologist has reviewed your images, and the results are **normal**. No significant abnormalities or areas of concern were identified during this study.

While these results are reassuring, please continue to follow any previously discussed treatment plans. If you are experiencing new or worsening symptoms, please contact our office to schedule a follow-up appointment.

A copy of this report has been added to your permanent medical record.

Sincerely,

[Provider Name/Signature]
[Practice Name]
[Phone Number]