[Doctor Name/Practice Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: Follow-Up Ultrasound Results for [Date of Exam]

Dear [Patient Name],

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

Result Summary:
[Insert: Stable / Resolved / Improved / New Findings]

Findings:
[Detailed description of results compared to the previous study.]

Next Steps:
[Insert: No further action needed / Repeat ultrasound in X months / Consultation required / Further testing such as MRI or Biopsy].

Our office will contact you if an appointment needs to be scheduled. If you have any specific questions regarding these results, please contact our office at [Phone Number] or via the patient portal.

Sincerely,

[Doctor Name/Signature]
[Practice Name]