[Doctor Name/Clinic Name]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Date]

[Patient Name]
[Patient Address Line 1]
[Patient Address Line 2]

RE: Abdominal Ultrasound Results

Dear [Patient Name],

This letter is to inform you of the results of your abdominal ultrasound performed on [Date of Procedure].

Result Summary: [Normal / Abnormal / Requires Follow-up]

Findings:
[Insert brief description of findings regarding the liver, gallbladder, kidneys, spleen, and pancreas].

Clinical Recommendation:
[Option A: No further action is needed at this time.]
[Option B: We would like to schedule a follow-up appointment to discuss these results in detail.]
[Option C: A referral has been made to a specialist for further evaluation.]

If you have any questions regarding these results, please contact our office at [Phone Number] to speak with a member of your care team.

Sincerely,

[Doctor Signature/Name]
[Clinic Name]