

Patient Name: \_\_\_\_\_

Previous exam: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Technologist: \_\_\_\_\_

## PELVIS ULTRASOUND WORKSHEET

CLINICAL INFORMATION (CIRCLE ALL THAT APPLY):

Uterine fibroid(s), ovarian cyst(s), uterine disorder, dysmenorrhea, symptomatic female genitals, abnormal menstruation (absent, frequent, irregular, postmenopausal), flatulence/gas pain, abdominal pain (RLQ or LLQ), pelvic mass, family history of ovarian cancer.

OTHER CLINICAL INFORMATION OR SYMPTOMS: \_\_\_\_\_

Technique:  Transabdominal sonography was initially performed, followed by

Transvaginal sonography for greater detail

LMP: \_\_\_\_\_ Regular: Yes No Post-Menopausal: Yes No Hormone Replacement Therapy: Yes No

Uterus: Length: \_\_\_\_\_ cm AP: \_\_\_\_\_ cm Trans \_\_\_\_\_ cm Endometrial thickness: \_\_\_\_\_ cm

Comments: \_\_\_\_\_

(R) Ovary: Size: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm  Normal Doppler: Arterial Venous

Comments: \_\_\_\_\_

(L) Ovary: Size: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm  Normal Doppler: Arterial Venous

Comments: \_\_\_\_\_

Cul-de-sac:  Normal, no free fluid.

Other comments: \_\_\_\_\_

Routine, no immediate call back necessary  Call report to: \_\_\_\_\_

Number or Pager: \_\_\_\_\_