

Patient Name: _____

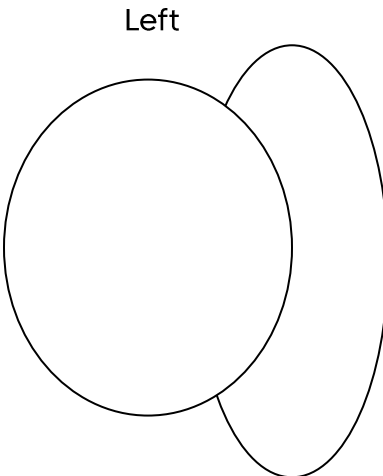
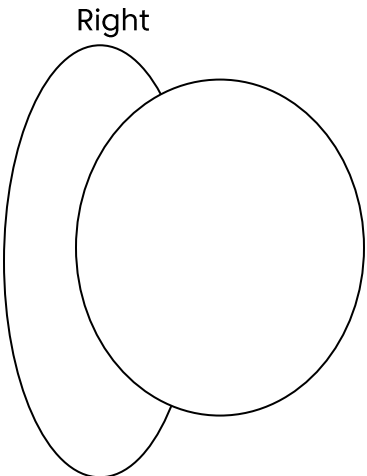
Previous exam: _____

Date of birth: _____ Technologist: _____

SCROTUM ULTRASOUND WORKSHEET

Ordering Physician: _____

Clinical Info: _____



Right:

Testicle size: _____ x _____ x _____

Normal Spectral and Color Doppler

Normal Epididymis

Varicocele

Arterial

Hydrocele

Hernia

Venous

Comments: _____

Left:

Testicle size: _____ x _____ x _____

Normal Spectral and Color Doppler

Normal Epididymis

Varicocele

Arterial

Hydrocele

Hernia

Venous

Comments: _____

Routine, no immediate call back necessary

Call report to: _____

Number or Pager: _____