

US PELVIS (WITHOUT DOPPLER)

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____ DOB: ___/___/___ SEX: M / F

ACUTE HX (location, duration, severity) :

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CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

PROBE	TA	TV	TA/TV
UTERUS	Normal	Absent	Abnormal Size : ___ cm x ___ cm x ___ cm
		Not Visualized	
ENDOMETRIUM	Normal	Absent	Abnormal Thickness: ___ mm
RIGHT OVARY	Normal	Absent	Abnormal Size : ___ cm x ___ cm x ___ cm
		Not Visualized	
RIGHT ADNEXA	Normal	Absent	Abnormal
LEFT OVARY	Normal	Absent	Abnormal Size : ___ cm x ___ cm x ___ cm
		Not Visualized	
LEFT ADNEXA	Normal	Absent	Abnormal
CUL-DE-SAC FLUID	YES · NO		
OTHER			

Tech Summary: