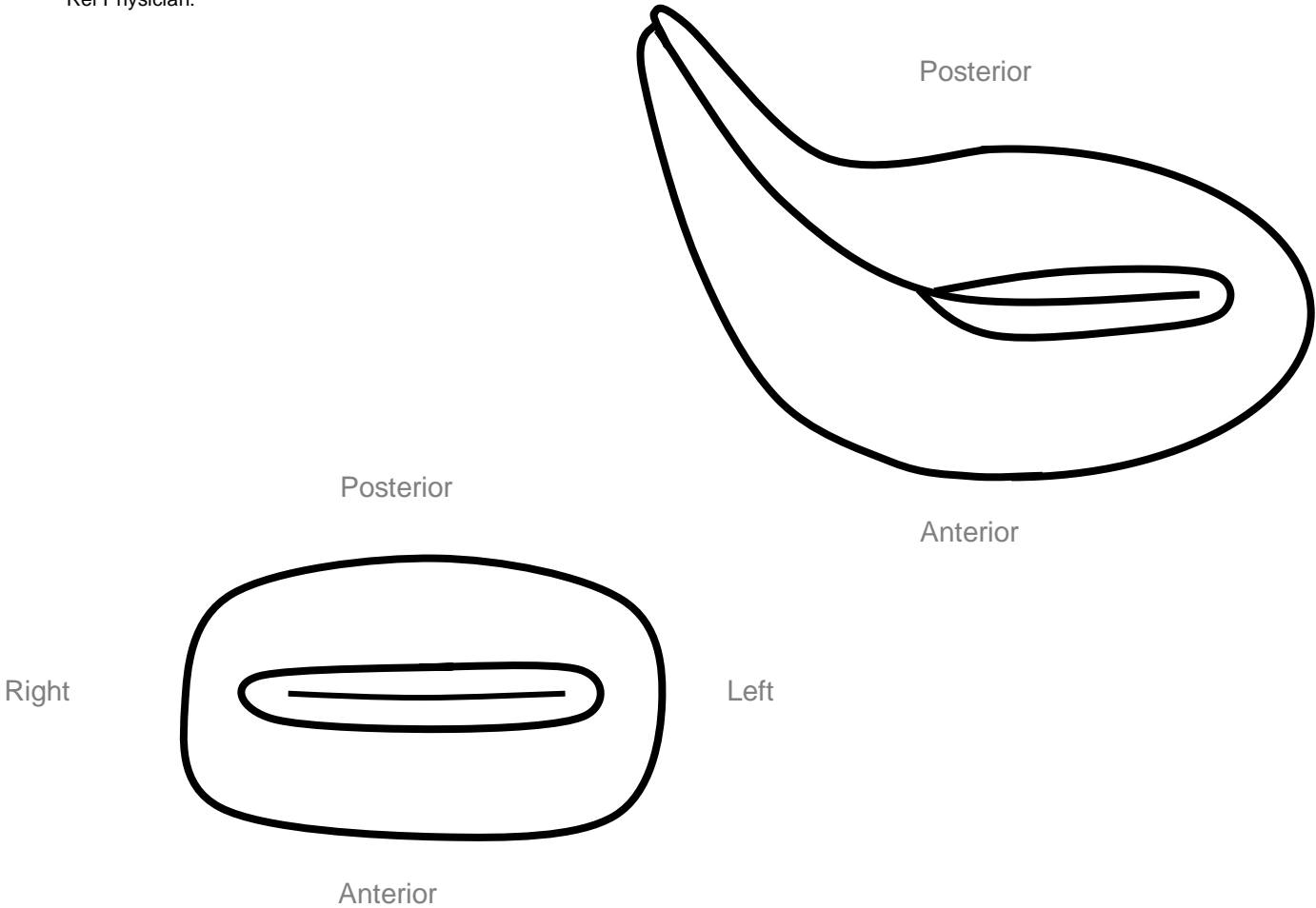


This is NOT an interpretation of the examination.  
See patient dictated report for radiologist findings & impression.

## FIBROID MAP Retroverted Uterus

Patient Name: \_\_\_\_\_  
ACC#: \_\_\_\_\_  
MRN#: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Ref Physician: \_\_\_\_\_

Site: \_\_\_\_\_  
Tech/ext: \_\_\_\_\_  
Date: \_\_\_\_\_



Number of Fibroids: \_\_\_\_\_

Largest Diameter \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Uterus L\_\_\_\_\_AP\_\_\_\_\_W\_\_\_\_\_

Endometrial Thickness \_\_\_\_\_

Right ovary L\_\_\_\_\_AP\_\_\_\_\_W\_\_\_\_\_

Ov Vol \_\_\_\_\_ # of foll <12 >12 Foll location: perif diff

Left ovary L\_\_\_\_\_AP\_\_\_\_\_W\_\_\_\_\_

Ov Vol \_\_\_\_\_ # of foll <12 >12 Foll location: perif diff