

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

PELVIC DOPPLER

Patient Name:	_____
ACC#:	_____
MRN#:	_____
DOB:	_____
Ref Physician:	_____

Site: _____
Tech/ext: _____
Date: _____

If checked all appropriate vessels normal in direction, amplitude and without delayed upstroke.

- If abnormal, please mark next to each vessel which aspect (direction, amplitude or upstroke) is questioned.
- Please indicate not visible for vessels that could not be evaluated.

PELVIC

Iliac artery (right)	_____	Ovarian artery (right)	_____
Iliac artery (left)	_____	Ovarian artery (left)	_____
Iliac vein (right)	_____	Ovarian vein (right)	_____
Iliac vein (left)	_____	Ovarian vein (left)	_____

Doppler flow of periphery of uterus _____

Varices: Absent Present where _____

Common sites for varices: GI junction, recanalization of umbilical, spleen, gastric, abd wall, deep pelvis, rectal. Often associated with patients that present with hemorrhoids, ascities, cirrhosis and alcoholism.

Tech Comments:
