

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

PELVIC ULTRASOUND

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

Site: _____
Tech/ext: _____
Date: _____

LMP: _____

Uterus: Normal Abnormal L_____AP_____W_____

Endo: Normal Abnormal Thickness_____

Rt Ov: Normal Abnormal L_____AP_____W_____

Ov Vol: _____ No. of follicles: <12 >12 Follicle location: peripheral diffuse

Lt. Ov: Normal Abnormal L_____AP_____W_____

Ov Vol: _____ No. of follicles: <12 >12 Follicle location: peripheral diffuse

Adnexa Rt: _____ Lt: _____

Free fluid visualized Y / N: _____

TECH COMMENTS: