

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

TESTICULAR ULTRASOUND

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

Site: _____
Tech/ext: _____
Date: _____

RT testis: Normal Abnormal L_____AP_____W_____

RT epididymis: Normal Abnormal L_____AP_____W_____

RT scrotal region:

LT testis: Normal Abnormal L_____AP_____W_____

LT epididymis: Normal Abnormal L_____AP_____W_____

LT scrotal region:

Comments:

