

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

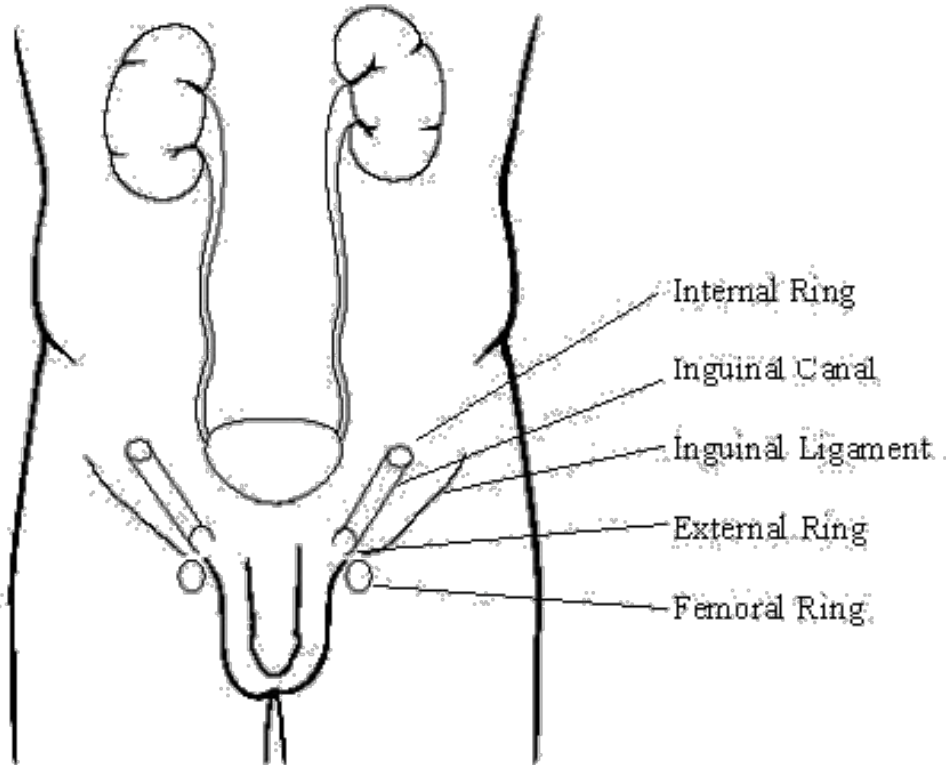
UNDESCENDED TESTIS

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

Site: _____
Tech/ext: _____
Date: _____

UNDESCENDED TESTES TYPES:

- _____ Retractable; move intermittently between groin and scrotal base; not truly undescended
- _____ Canalicular; above inguinal ligament between internal and external rings
- _____ Abdominal; above internal ring



Tech Comments:
