

Company Name

Name: Fname Lname
Chart #: /SharedID
DOB: /DOB
Age: /Age
Date: /Today
Referring Physician: /RP

PELVIC ULTRASOUND EXAM (PBUEBL)
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BLADDER EVALUATION

Bladder: _____ cm x _____ cm x _____ cm PVR: _____ cc

Wall thickness: _____ mm

Wall mass: Y / N

Comments: _____

Echogenic foci: Y / N

Comments: _____

Diverticulum: Y / N

Comments: _____

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Physician