Company Name

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

PELVIC ULTRASOUND EXAM (PBUAEBL)
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LMP: _____/_____/_____
Diagnostic / Compliant: _____

Type of Study: _____ Pelvic _____ Bladder evaluation Approach: _____Abdominal

_____ Transvaginal

Uterus: Position: Anteverted / Retroverted / Retroflexed

Size: _____cm X _____cm X _____cm
Endometrium: _____cm X _____cm X _____cm

Uterine abnm: _____cm X _____cm X _____cm
_____cm X _____cm X _____cm

Comments: _____

Left ovary: _____cm X _____cm X _____cm **Mobility:**
1) _____cm X _____cm X _____cm _____ Normal _____ Fixed
Cyst: 2) _____cm X _____cm X _____cm _____ Deceased

Comments: _____

Right ovary: _____cm X _____cm X _____cm **Mobility:**
1) _____cm X _____cm X _____cm _____ Normal _____ Fixed
Cyst: 2) _____cm X _____cm X _____cm _____ Decease

Comments: _____