**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**UTERUS:** Anteverted/Flexion **☐** Retroverted/Flexion **☐** Straight **☐ Surgically Absent ☐**

Shape: Normal **☐** Bicornuate **☐** Didelphys **☐** Other **☐**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UT Dimensions: \_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_ cm Volume: \_\_\_\_\_\_\_\_\_\_\_\_ mL

Fibroids **☐** **If so, are there multiple?** No **☐** Yes **☐** Largest:\_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_ cm

UT Findings: **CUL-DE-SAC:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ENDOMETRIUM:** \_\_\_\_\_\_\_\_\_ mm **CERVIX:**  **Surgically Absent ☐**

Fluid **☐** Masses **☐** Fluid **☐** Masses **☐**

Endo Findings: Cx Findings: **VAGINA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RT OVARY:** \_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_ cm Volume: \_\_\_\_\_\_\_\_\_\_\_\_ mL **\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐**

Cysts **☐** **If so, are there multiple?** No **☐** Yes **☐** Largest:\_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_ cm

Arterial Flow: \_\_\_\_\_\_\_\_\_ cm/s PSV \_\_\_\_\_\_\_\_\_ cm/s EDV Venous Flow Seen: No **☐** Yes **☐**

RT OV Findings: **RT ADNEXA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LT OVARY:** \_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_ cm Volume: \_\_\_\_\_\_\_\_\_\_\_\_ mL **\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐**

Cysts **☐** **If so, are there multiple?** No **☐** Yes **☐** Largest:\_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_ cm

Arterial Flow: \_\_\_\_\_\_\_\_\_ cm/s PSV \_\_\_\_\_\_\_\_\_ cm/s EDV Venous Flow Seen: No **☐** Yes **☐**

LT OV Findings: **LT ADNEXA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSABDOMINAL ☐ TRANSVAGINAL ☐ DUPLEX ☐**

**Complete ☐ F/u ☐ Limited ☐**

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MR#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_**

**Referring Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tech: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chaperone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient History: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LMP: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_ Post-Menopausal ☐ Gravida: \_\_\_\_\_ Para: \_\_\_\_\_ AB: \_\_\_\_\_ Ectopic: \_\_\_\_\_**

**Hormone Therapy ☐ Birth Control:** Pills **☐** Depo Shot **☐** IUD **☐** Implant **☐** NuvaRing **☐**

**Hx of C-Section ☐ Hysterectomy:** Total **☐** Partial **☐ Oophorectomy:** RT **☐** LT **☐**

**Pelvic (NonOB) Ultrasound Worksheet**