

Pelvic w/ Duplex Ultrasound Worksheet

Patient Name: _____ MR#: _____ Date: ____/____/____

Referring Physician: _____ Tech: _____ Chaperone: _____

Reason for Study: _____

Patient History: _____

TRANSABDOMINAL ☐

TRANSVAGINAL ☐

DUPLEX ☒

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: Right ☐ Left ☐

UTERUS: Anteverted / Anteflexion ☐ Retroverted / Retroflexion ☐ 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

Uterine Findings:

CUL-DE-SAC:

ENDOMETRIUM: _____ mm

CERVIX:

Surgically Absent ☐

Fluid ☐ Masses ☐

Fluid ☐ Masses ☐

Endometrial Findings:

Cervical Findings:

VAGINA:

RIGHT 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 ☐

Right Ovarian Findings:

RIGHT ADNEXA:

LEFT 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 ☐

Left Ovarian Findings:

LEFT ADNEXA:

Comments: _____