UNIVERSITY OF WASHINGTON MEDICAL CENTER

PRELIMINARY PELVIC ULTRASOUND REPORT

Patient Name: **MRN:** **Exam date:**

DOB: **Sonographer:**

Indication:

LMP:

UTERUS

Size: cm cm cm Vol: cm^3

Myometrium:

Fibroid 1

Fibroid 2

Endometrial thickness: mm

RIGHT ADNEXA

Rt Ovary: cm cm cm Vol: cm^3

Cyst(s):

Doppler: Arterial ☐ Venus ☐

Adnexa Comment:

LEFT ADNEXA

Lt Ovary: cm cm cm Vol: cm^3

Cyst(s):

Doppler: Arterial ☐ Venus ☐

Adnexa Comment:

Cul de Sac:

Sliding sign: Positive ☐ Negative ☐ N/A ☐

Comments: