PELVIC ULTRASOUND

www.drHazhan.com
Hazhan@doctor.com

Name:_____ **Age:**_____ **Date:**_____

Relevant clinical history:……..

……..

G…….. P…….. O.C.P.: Yes / No HRT: Yes / No Post Menopausal Yes / No

LNMP:……/……/…… ……

EXAMINATION: Transabdominal / Transvaginal Informed Consent Yes / No
Patient sign…….

UTERUS

Size: ……. x ……. x ……. Volume: .....mL (Normal: Nulliparous ≤ 80 mL Multiparous ≤ 150 mL[1])

Overall Appearance: Small / Normal / Enlarged

Position: Anteverted / Retroverted / Axial / Variable

Mobile: Yes / No

Tender: Yes / No

Myometrium: Homogeneous / Heterogeneous

Comments: ……..

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……..

ENDOMETRIUM

Regular / Enlarged / Distorted (Normal: Proliferative ≤ 10 mm Secretory ≤ 18 mm Post-menopausal ≤ 5 mm [1])

Thickness (double layer).....mm

Type: Proliferative / Secretory / Minimal / Non-specific

Consistent with menstrual phase: Yes / No / Not applicable

Comments:……..

……..

OVARIES (Normal: Pre-menopausal ≤ 18cc Post-menopausal ≤ 8.0 cc [1])

Ovary	Size	Vol	Follicle No.	Largest Size	Mobility	Tenderness
Right	…….x……..x……..	……..cc	…….	……	Yes / No	Yes / No
Left	……. x……..x……..	……..cc	…….	……	Yes / No	Yes / No

Comments:……..

……..

Adnexae **NAD** ☐ ……..

POD **NAD** ☐ ……..

Kidneys **NAD** ☐ ……..

Comments:……..

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Sonographer: _____