

BLANK REPORT TEMPLATE

Complete the applicable fields for the examination performed.

Pelvic / Transvaginal Ultrasound

Date: _____

Patient _____

Identifier _____

Context

Indication: _____

Relevant menstrual / menopausal history: _____

Technique, consent and chaperone: _____

Image quality / limitations: _____

Uterus and cervix

Position and contour: _____

Uterine length: _____ mm

Uterine AP diameter: _____ mm

Uterine transverse diameter: _____ mm

Myometrium / focal lesions: _____

Endometrial thickness: _____ mm

Endometrial appearance / cavity: _____

Cervix: _____

Ovaries and adnexa

Right ovary: three dimensions and appearance: _____

Left ovary: three dimensions and appearance: _____

Adnexal lesions: side, size and morphology: _____

Doppler findings where indicated: _____

Cul-de-sac / free fluid: _____

Conclusion

Comparison: _____

Impression: _____

Recommendations / communication: _____

Clinician: _____

Signature: _____