

**PELVIC ULTRASOUND WORKSHEET**

Patient I.D.	Sonographer
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Scan quality \_\_\_\_\_

Clinical Indication/ Relevant Surgery	TA / TV GRAVID HRT/OCP LMP.../.../.....
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Vagina

Cervix

Uterus = \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ mm      Endometrium \_\_\_\_\_ mm

Anteverted / Retroverted

Cul-de-sac

Right Ovary/Adnexa

mm x mm x mm \_\_\_\_\_ cc

Left Ovary/Adnexa

mm x mm x mm \_\_\_\_\_ cc

Other