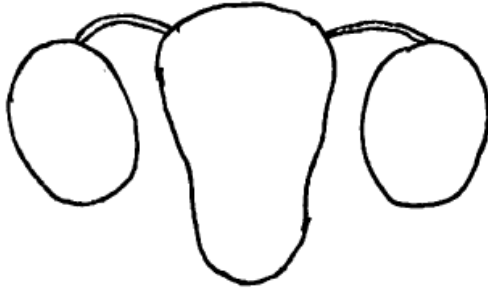


History:

<input type="checkbox"/> Nausea/Vomiting	<input type="checkbox"/> Pelvic Pain: _____	<input type="checkbox"/> Hysterectomy
<input type="checkbox"/> Menorrhagia	<input type="checkbox"/> Mass: _____	<input type="checkbox"/> C-Section
<input type="checkbox"/> Vaginal Bleeding	<input type="checkbox"/> Pregnancy: _____	<input type="checkbox"/> Oophorectomy
<input type="checkbox"/> Irregular Periods	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Appendectomy



LMP

Comments

Uterus Anteverted Size: (cm)
 Anteflexed
 Retroverted
 Retroflexed
 Mass

Endometrium Uniform Thickness: (mm)
 Endometrial Fluid

Right Ovary Arterial Flow Size: (cm)
 Venous Flow
 Complex Cyst
 Mass

Left Ovary Arterial Flow Size: (cm)
 Venous Flow
 Complex Cyst
 Mass

Bladder Wall Thickening Size: (cm)
 Mass

Free Fluid Present

Reason for Endovaginal:

Comments:

Technologist:

Date:

Time: