

Pelvic ultrasound reports

Equipment:

Date: Card number: Ref. by:

Patient name: Patient DOB:

Phase of menstrual cycle:

Uterus: size x x , anteverted, retroverted, abnormalities

Abnormalities:

Myoma:

Adenomyosis:

Others:

Endometrium: thin, thick, mm, Hypo-iso, Hyper-echoic, Triple line

Compatible with: phase of menstrual cycle

Abnormalities:

Adnexae:

Ovary	Right	Left
Size, mm		
Located		
Dominant follicle, mm		
Abnormalities		

Cervix: x x mm. **Nabothian cysts:** present, none

Other findings:

Cul-de-sac fluid:

Impression:

Advised:

Sonographer: