

Pelvic Ultrasound Radiology Report

Patient Name: _____ Date of Exam: _____

Patient ID: _____ Referring Physician: _____

DOB: _____ Gender: _____

Clinical History

Technique

Transabdominal and transvaginal pelvic ultrasound performed.

Findings

- **Uterus:** Size _____, Shape _____, Echotexture _____
- **Endometrium:** Thickness _____ mm, Appearance _____
- **Ovaries:**
 - Right ovary: Size _____, Appearance _____
 - Left ovary: Size _____, Appearance _____
- **Adnexa:** _____
- **Cul-de-sac:** Free fluid _____ / None identified
- **Other:** _____

Impression

Radiologist

Name: _____

Signature: _____

Date: _____