

# Pelvic Ultrasound Radiology Report

Patient \_\_\_\_\_ Date of Exam: \_\_\_\_\_  
Name: \_\_\_\_\_

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: \_\_\_\_\_