

This worksheet is solely for the purpose of recording preliminary data and does not constitute a final report of any kind.

PELVIC ULTRASOUND FOR FOLLICLE ASSESSMENT (FNP)

PATIENT NAME: _____ MR#: _____
DATE: _____ TECH INITIAL: _____ EXT: _____
FACILITY: MWH / MIF / ICW / MILH / MINS / MIKG / SH

INDICATION: Assessment of ovarian follicle size for infertility treatment.

COMPARISON: ☐ None ☐ Prior Exams: _____

TECHNIQUE (Select all used): ☐ Transabdominal ☐ Endovaginal ☐ Translabial ☐ Duplex ☐ 3-Dimensional

UTERUS: Size (cm): Length _____ AP _____ Width _____
Myometrial echo pattern: ☐ Normal ☐ ADD DICTATION: _____
Contour: ☐ Normal ☐ Lobular ☐ ADD DICTATION: _____

ENDOMETRIAL ECHO COMPLEX:

☐ The endometrial cavity is normally collapsed with no fluid distention. Width: _____ mm
Type of endometrial thickness (please circle one) **Trilaminar / Homogeneous**
☐ ADD DICTATION: _____

RIGHT OVARY: Size (cm): Length _____ AP _____ Width _____ Volume: _____ ml.

☐ Normal ☐ Abnormal (ADD DICTATION): _____
☐ Right ovary is surgically absent ☐ Right ovary not visualized due to technical factors and/or overlying bowel.

Follicles: ☐ Present: Total number of antral follicles (2mm-10mm): _____
Number of follicles over 1cm: _____ (each follicle over 1 cm measure L x W x H)

1. _____ x _____ x _____	6. _____ x _____ x _____
2. _____ x _____ x _____	7. _____ x _____ x _____
3. _____ x _____ x _____	8. _____ x _____ x _____
4. _____ x _____ x _____	9. _____ x _____ x _____
5. _____ x _____ x _____	10. _____ x _____ x _____

LEFT OVARY: Size (cm): Length _____ AP _____ Width _____ Volume: _____ ml.

☐ Normal ☐ Abnormal (ADD DICTATION): _____
☐ Left ovary is surgically absent ☐ Left ovary not visualized due to technical factors and/or overlying bowel.

Follicles: ☐ Present: Total number of antral follicles (2mm-10mm): _____
Number of follicles over 1cm: _____ (each follicle over 1 cm measure L x W x H)

1. _____ x _____ x _____	6. _____ x _____ x _____
2. _____ x _____ x _____	7. _____ x _____ x _____
3. _____ x _____ x _____	8. _____ x _____ x _____
4. _____ x _____ x _____	9. _____ x _____ x _____
5. _____ x _____ x _____	10. _____ x _____ x _____

OVARIAN DOPPLER: ☐ Blood flow is demonstrated to the ☐ left ☐ right ☐ both ovaries.
☐ N/A as neither ovary was visualized. See above.

ADNEXAL MASSES: ☐ None seen ☐ ADD DICTATION _____

CUL-DE-SAC: ☐ No free fluid present ☐ Mild ☐ Moderate ☐ Abundant amount of free fluid present.

IMPRESSION: Preliminary findings/impression subject to radiologist review.

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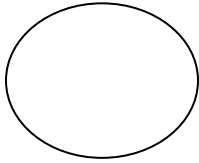
PATIENT NAME: _____ MRN: _____

☐ Normal pelvic ultrasound

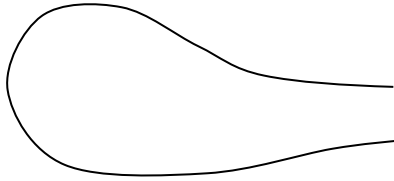
☐ ADD DICTATION

****DO NOT TRANSCRIBE BELOW LINE****

Trans Uterus



Long Uterus



Coronal Uterus



FINDINGS:
