

Ultrasound Scan Report

Date:

Time:

Sonographer:

Chaperone: Declined / Name:

Patient Name:

DOB:

Hospital Number:

Probes cleaned pre and post scan with Tristel Duo as per local guideline.

Latex-free probe cover in use: **Y / N** Verbal, informed consent obtained.

Transabdominal and Transvaginal Ultrasound Scan of Pelvis

Indication for scan:

Uterine Lie:

Uterine Measurements:

Endometrial Thickness:

Myometrium:

Uterine Pathology:

Right ovary:

Left ovary:

Adnexal masses:

Free pelvic fluid seen: Yes / No

Signed:

Print: