

PENILE/PENILE DOPPLER ULTRASOUND

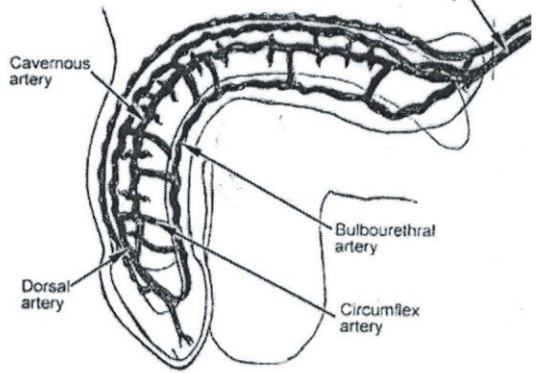
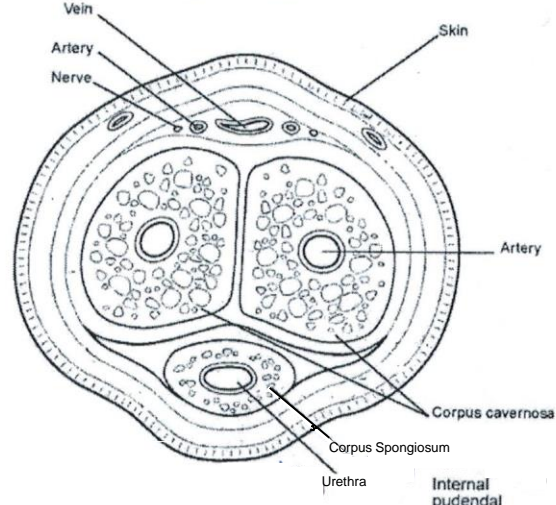
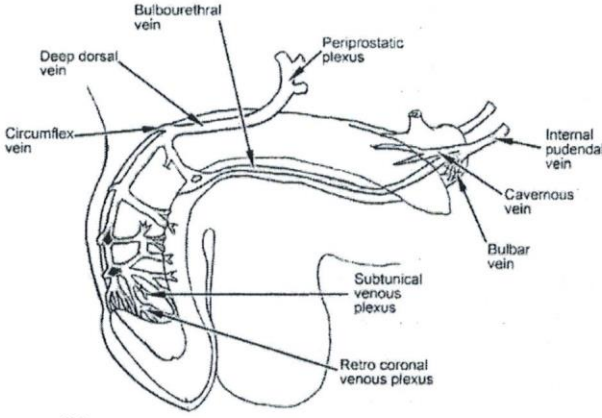
Sonographer

Name: _____

Relevant Clinical History: _____

VASECTEMY: YES / NO

Structure	NAD	COMMENTS:
Urethra	<input type="checkbox"/>	_____
Glans Penis	<input type="checkbox"/>	_____
Corpus		_____
Spongiosum	<input type="checkbox"/>	_____
Corpus Cavernosa		_____
- Right	<input type="checkbox"/>	_____
- Left	<input type="checkbox"/>	_____
Cavernous Artery		_____
- Right	<input type="checkbox"/>	_____
- Left	<input type="checkbox"/>	_____
Pudendal		_____
- Artery	<input type="checkbox"/>	_____
- Vein	<input type="checkbox"/>	_____
Dorsal Artery	<input type="checkbox"/>	_____
Bulbo-Urethral Art.	<input type="checkbox"/>	_____
Dorsal Vein	<input type="checkbox"/>	_____
Retrocoronal/Tunical		_____
Venous Plexus	<input type="checkbox"/>	_____
Peyronies Plaque?	Y / N	_____



KIDNEYS

RIGHT _____ CM _____

LEFT _____ CM _____

COMMENTS _____
