

Name:

Sonographer:

Relevant clinical history:.....  
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G..... P..... O.C.P.: Yes / No HRT: Yes / No Post Menopausal Yes / No

LNMP:...../...../..... .....

EXAMINATION: Transabdominal / Transvaginal Informed Consent Yes / No  
Patient sign.....

## UTERUS

Size: ..... x ..... x ..... Volume:..... mL ( Normal: Nulliparous  $\leq$  80 mL Multiparous  $\leq$  150 mL<sup>1</sup>)

Overall Appearance: Small / Normal / Enlarged

Position: Anteverted / Retroverted / Axial / Variable

Mobile: Yes / No

Tender: Yes / No

Myometrium: Homogeneous / Heterogeneous

Comments: .....  
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## ENDOMETRIUM

Regular / Enlarged / Distorted (Normal: Proliferative  $\leq$  10 mm Secretory  $\leq$  18 mm Post-menopausal  $\leq$  5 mm<sup>1</sup>)

Thickness (double layer):.....mm

Type: Proliferative / Secretory / Minimal / Non-specific

Consistent with menstrual phase: Yes / No / Not applicable

Comments:.....  
.....  
.....

## OVARIES (Normal: Pre-menopausal $\leq$ 18cc Post-menopausal $\leq$ 8.0 cc<sup>1</sup>)

Ovary	Size	Vol	Follicle No.	Largest Size	Mobility	Tenderness
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Right	..... x.....x.....	.....CC	.....	.....	Yes / No	Yes / No
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Left	..... x.....x.....	.....CC	.....	.....	Yes / No	Yes / No
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Comments:.....  
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Adnexae NAD

POD NAD

Kidneys NAD

Comments:.....  
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