

# Pelvis Complete w/ Transvaginal

**Transabdominal Only**     **Transvaginal Only**

Patient Name: \_\_\_\_\_

Date \_\_\_\_\_ Provider \_\_\_\_\_ Tech \_\_\_\_\_

MRN: \_\_\_\_\_

DOB: \_\_\_\_\_

G \_\_\_\_\_ P \_\_\_\_\_ A \_\_\_\_\_ E \_\_\_\_\_ LMP \_\_\_\_\_

Regular Cycles No / Yes    Postmenopausal No / Yes    Hormone Use No / Yes: How long \_\_\_\_\_

**Indication**    Pelvic Pain    L    R     Palpable Mass     Abnormal Menses     Retained Products

Other \_\_\_\_\_

**Surgical Hx** \_\_\_\_\_

**Uterus** \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm    Volume: \_\_\_\_\_ ml     anteverted     retroverted

**Endometrium** \_\_\_\_\_ mm

**Right Ovary** \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm    **Volume:** \_\_\_\_\_ ml

**Arterial Flow** Yes    No    N/A    **Venous Flow** Yes    No    N/A

**Right Adnexa** \_\_\_\_\_

**Left Ovary** \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ cm    **Volume:** \_\_\_\_\_ ml

**Arterial Flow** Yes    No    N/A    **Venous Flow** Yes    No    N/A

**Left Adnexa** \_\_\_\_\_

**Cul-de-Sac** Free Fluid?    No    Yes    \_\_\_\_\_

**Comments** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

