Scrotum Ultrasound Worksheet

Date: **Patient Name:**

Patient ID# **Accn#** **Ordering Provider:**

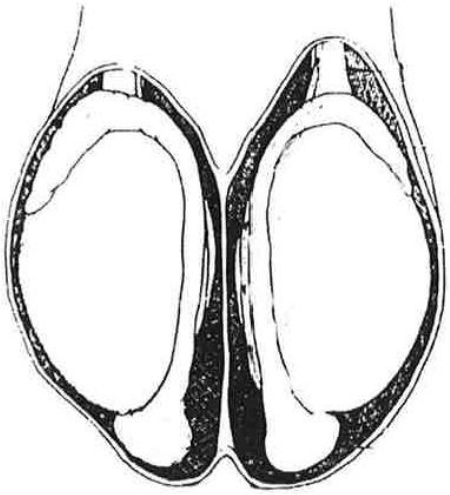
Order Status: **Reason for Exam (Symptoms/Indications):**

☐ Regular ☐ STAT

ULTRASOUND FINDINGS

Right Epididymis	*Left Epididymis*
Size: _____ (mm) ☐ Normal ☐ Mass / Cyst ☐ Enlarged ☐ Hypervascular	**Size: _____ (mm)** ☐ Normal ☐ Mass / Cyst ☐ Enlarged ☐ Hypervascular
Right Testicle	***Left Testicle***
Size: **(L) _____ (H) _____ (W) _____ (cm)** ☐ **Blood Flow** Choose One _____ ☐ **Normal** ☐ **Mass** ☐ **Solid** ☐ **Cystic** ☐ **Complex** ☐ **Shadowing** ☐ **Calcifications** **Hydrocele** ☐ **Varicocele** ☐	**Size:** **(L) _____ (H) _____ (W) _____ (cm)** ☐ **Blood Flow** Choose One _____ ☐ **Normal** ☐ **Mass** ☐ **Solid** ☐ **Cystic** ☐ **Complex** ☐ **Shadowing** ☐ **Calcification** **Hydrocele** ☐ **Varicocele** ☐

Right ***Left***



Label area of concern on Diagram by placing an X in appropriate location.

Additional Comments:

Chaperone Status:

Choose one

Patient Consented to Exam: ☐

Sonographer Name:

Contact Phone Number: