

### SCROTAL ULTRASOUND WORKSHEET

Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Indication for Exam: \_\_\_\_\_

Surgery: \_\_\_\_\_

Pain: Right/Left \_\_\_\_\_ Swelling: \_\_\_\_\_

Trauma: \_\_\_\_\_ Hx Infections, Fever: \_\_\_\_\_

Performing Technologist: \_\_\_\_\_

Rt Testis: \_\_\_\_\_

Rt Epididymis: \_\_\_\_\_

Variococele: \_\_\_\_\_

Hydrocele: \_\_\_\_\_

Doppler & RI: \_\_\_\_\_

Lt Testis: \_\_\_\_\_

Lt Epididymis: \_\_\_\_\_

Variococele: \_\_\_\_\_

Hydrocele: \_\_\_\_\_

Doppler & RI: \_\_\_\_\_



PT.

MR.#/P.M.

DR.