



Testicular Ultrasound Worksheet

Patient Name: _____ Date: _____

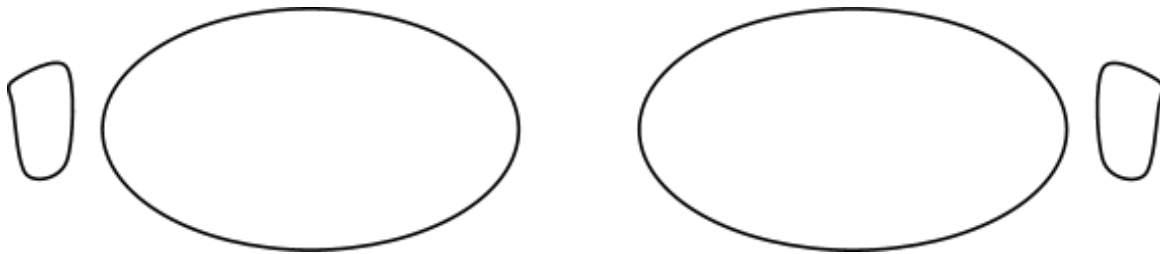
Indication: _____

sup

inf

inf

sup



(Draw Cysts and Masses seen on ultrasound and the size measurements)

Right

Left

Testicle Size: _____ x _____ x _____ (cm)

_____ x _____ x _____ (cm)

Blood Flow: Normal / Increased / Absent

Normal / Increased / Absent

MicroCalcs: None / Few / Many

None / Few / Many

Epididymal Head: _____ (mm)

_____ (mm)

Blood Flow: Normal / Increased / Absent

Normal / Increased / Absent

Hydrocele: None / Small / Mod / Large

None / Small / Mod / Large

Varicocele: None / Present

None / Present

Tech Notes: _____

Sonographer: _____