|  |  |  |  |
| --- | --- | --- | --- |
| **Patient’s name:** | {patname} | **Age & sex:** | {patage} |
| **Referred By:** | {refdoctor} | | |
| **LMP:** | /2020 | **Date:** | {pat-date} |

### OVULATION PROFILEUSG PELVIS [TVS SCREENING]

**UTERUS:** Anteverted, normal in size & echopattern. No e/o any focal or diffuse mass lesion seen. ET: mm, central and clear.

**OVARY:** Both ovaries appear normal in size, shape & echopattern.

Right ovary: mm. Left ovary: mm.

**ADNEXA**: No e/o any mass lesion seen.

**CUL-DE-SAC**: No e/o free fluid.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE** | **DAY** | **RT. OVARY** | **LT. OVARY** | **ET** | **P.O.D**  **F/F** |
| /2020 |  |  |  | mm | Absent |
|  |  |  |  |  |  |
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Thanks for Reference.