

Adult Emergency Department  
Emergency Ultrasound  
Limited Gynecologic Exam  
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Patient Name \_\_\_\_\_  
MRN \_\_\_\_\_

PATIENT IDENTIFICATION LABEL

**Indication:**

A focused ultrasound exam of the pelvis, using a Transvaginal approach, was performed to evaluate for pelvic pain in the non-pregnant patient. The ultrasound was performed with the following indications, as noted in the H&P:

- |   |  |
|---|--|
| <input type="checkbox"/> Pelvic pain    | <input type="checkbox"/> Back pain                             |
| <input type="checkbox"/> Pelvic mass    | <input type="checkbox"/> Vaginal bleeding                      |
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Other indications as noted in the H&P |

**Identified structures:**

- ☐ Uterus & Pouch of Douglas  
☐ Right & Left Adnexae

**Findings:** Exam of the above structures revealed the following findings:

**Uterus:** Normal? ☐ YES ☐ NO

Other findings: \_\_\_\_\_

**Right adnexa:** ☐ Normal ☐ Abnormal

If abnormal: ☐ Cyst: size in mm: \_\_\_\_\_  
☐ Color flow: ☐ Present ☐ Absent  
☐ Spectral flow: ☐ Present ☐ Absent

**Left adnexa:** ☐ Normal ☐ Abnormal

If abnormal: ☐ Cyst: size in mm: \_\_\_\_\_  
☐ Color flow: ☐ Present ☐ Absent  
☐ Spectral flow: ☐ Present ☐ Absent

**Free fluid in Cul de sac:** ☐ Absent ☐ Present: ☐ Small ☐ Mod ☐ Large

**Other findings:** \_\_\_\_\_

**Impression:**

- ☐ Normal gynecologic ultrasound  
☐ Ovarian cyst(s): \_\_\_\_\_  
☐ Ovarian torsion: ☐ Right ☐ Left  
☐ Other: \_\_\_\_\_

Physician signature: \_\_\_\_\_ Pager ID \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

CPT Transvaginal: **76830-26 (-52)**