

**PROSTATE ULTRASOUND WORKSHEET**

Patient's Name: \_\_\_\_\_

Clinical Indicaiton for Exam: \_\_\_\_\_

Technician Performing Exam: \_\_\_\_\_

**Symptoms/Duration:** \_\_\_\_\_

Hesitancy: \_\_\_\_\_ Hematuria: \_\_\_\_\_ Pelvic Pain: \_\_\_\_\_ Dysuria: \_\_\_\_\_

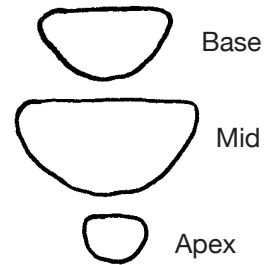
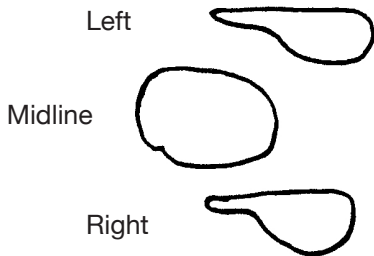
Frequency: \_\_\_\_\_ Nocturia: \_\_\_\_\_ Retention: \_\_\_\_\_ Rectal Pain: \_\_\_\_\_

History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Prostate Volume:**

**Predicted PSA =** \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ x .523 = \_\_\_\_\_ x .12 = \_\_\_\_\_

**Bladder Volume:**

Prevoid: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ x .523 = \_\_\_\_\_

Postvoid: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ x .523 = \_\_\_\_\_

Comments: \_\_\_\_\_

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PT.

MR.#/P.M.

DR.