

McLaren Flint
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Scrotal Ultrasound Worksheet

Name _____ Date _____

Indication for exam _____

Severity ____/10 Duration _____

Surgeries _____

Previous Studies _____

Pain: Right/Left _____ Swelling: _____

Trauma: _____ Hx Infections, Fever: _____

Performing Technologist: _____

Rt Epididymis: _____

Rt. Testis: _____

Variococele: _____

Hydrocele: _____

Doppler & RI: _____

Lt Epididymis: _____

Lt. Testis: _____

Variococele: _____

Hydrocele: _____

Doppler & RI: _____



PT.

MR.#/P.M.

DR.