



THUMB REGION  
 1100 S. Van Dyke • Bad Axe, Michigan 48413  
 Ultrasound Department

## URINARY BLADDER WORKSHEET

PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

MR#: \_\_\_\_\_ DX: \_\_\_\_\_

Pre-void Urinary Bladder: \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ cm

Volume: \_\_\_\_\_ cc

Post-void Urinary Bladder: \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ cm

Volume: \_\_\_\_\_ cc

Prostate: \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ cm

Volume: \_\_\_\_\_ cc

Tech Impression:

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Sonographer: \_\_\_\_\_

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