



SOUND DIAGNOSTICS OF NORTHWEST FLORIDA

1414 Clayton Road
Chipley, Florida 32428
850-258-1580

Results of Testicular Ultrasound

Name: _____ Date: _____
 MR Number: _____ Age: _____
 Diagnosis: _____ Date of Birth: _____
 Referring Physician: _____ Sonographer: _____

		COMMENTS
Right Testicle	Normal / Abnormal	
Sagittal	cm	
AP	cm	
Transverse	cm	
Epididymus		
Hydrocele	Yes / No	
Color Flow	Yes / No	
Doppler	Yes / No	
Left Testicle		
Sagittal		
AP	cm	
Transverse	cm	
Epididymus		
Hydrocele	Yes / No	
Color Flow	Yes / No	
Doppler	Yes / No	

