



# ADD-ON Spectral Analysis of Gonads Worksheet

## SONOGRAPHER NOTES

See Pelvis or Scrotum and Contents Worksheet for this patient.

INDICATIONS	DATE/TIME	
	SONOGRAPHER	

Use side by side comparison whenever possible and keep parameters equal when interrogating both sides.

RIGHT	Gonads	LEFT
<input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased	<b>Venous Flow</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased
<input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased	<b>Arterial Flow</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased
Resistive Index = _____	<b>Resistive Index</b>	Resistive Index = _____
	<b>Findings</b>	

SONOGRAPHER CONFIRMATION: My signature confirms that instructions have been provided to the conscious patient regarding this exam, that US utilizes sound waves rather than ionizing radiation, and that coupling gel is used to improve the quality of the exam.	<hr/> Sonographer's Signature
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FMC    KMC    CMC    TMC    NHSC KIC    MIC    PI    TI MFP    SFP    Other <b>US ADD-ON</b> <b>Spectral Analysis of Gonads Worksheet</b>	Name / MR # / Label
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