Bnoon بنون

Gynecology Ultrasound Report
Follow Up of Patients from Outside Riyadh
تقرير أشعة صوتية لأمراض النساء لمتابعة المريضات من خارج الرياض

Patient's Name:		:اسم المريضة
National ID/Iqama Number:		:رقم الهوية

Dear Dr. / Ultrasonographer,

The above mentioned patient is undergoing infertility treatment and ovarian stimulation is planned. She requires close monitoring by **trans-vaginal ultrasound**. Kindly, we require **ACCURATE** measurements and filling **ALL** information in this report.

Regards,

Treating Physician:
Bnoon Medical Center
Al-Shuhada – Abu Jafar Al-Mansur St. 3290 , Riyadh 13241
Tel.: +966 11 4448080 Fax: +966 11 4449090

Date: / / **LMP Date:** / / **Cycle Day:**

Endometrium:

- Endometrial Thickness (mm): __________ (Kindly attach picture)
- Intrauterine fluid collection: ☐ NO ☐ YES: measurement: ____________________

POD fluid collection: ☐ NO ☐ YES: measurement: ____________________

Fallopian Tubes:

- **Right Hydrosalpinx:** ☐ NO ☐ YES: measurement: ____________________
- **Left Hydrosalpinx:** ☐ NO ☐ YES: measurement: ____________________

Ovaries:	Right Ovary	Left Ovary
Visualization of Ovaries	☐ Easy by TVUS ☐ Easy by TAUS	☐ Easy by TVUS ☐ Easy by TAUS
Ovarian Cyst	☐ **NO** ☐ **YES: (Type & Size)** • Simple: ________ • Hemorrhagic: ________ • Endometrioma: ________ • Dermoid: ________	☐ **NO** ☐ **YES: (Type & Size)** • Simple: ________ • Hemorrhagic: ________ • Endometrioma: ________ • Dermoid: ________
Number of follicles sized <10 mm		
Number of follicles sized 10-12 mm		
Number of follicles sized 13 mm		
Number of follicles sized 14 mm		
Number of follicles sized 15 mm		
Number of follicles sized 16 mm		
Number of follicles sized 17 mm		
Number of follicles sized 18 mm		
Number of follicles sized 19 mm		
Number of follicles sized 20 mm		
Number of follicles sized >20 mm		

Dr. / Ultrasonographer: ______________________ Signature: ______________

Clinic's Name: ______________________ City: ______________