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EMPLOYEES' STATE INSURANCE CORPORATION
HOSPITAL, PEENYA, BENGALURU - 560 022.
(Under Ministry of Labour & Employment, Govt. of India)

Department of Radiology

Name :

Date :

Age :

Sex : M/F

U/S No.

ESI No. / IP No. :

SONOLOGICAL EVALUATION OF PELVIS

Urinary bladder :-
Uterus

Anteverted / Retroverted

Size _____ Length _____ Breadth _____ A.P. Diameter

Echopattern _____ Myometrium _____

Endometrium :

Ovaries :- Size Length Breadth

Rt. - Ovary _____ Lt. - Ovary _____

Echopattern _____

P.O.D _____

Cervix _____

Adnexa _____

IMPRESSION _____

Place :
Date :

Signature of the Radiologist
With Seal