

# Follicle and endometrium ultrasound scanning

Please call or email us to confirm that we received the results of the scan.

This form may be printed and filled in by hand or it may be filled in in Adobe Reader/Acrobat and printed or saved. Please submit the saved form to the Secretaries via Secure email. See 'Contact' on our website [www.trianglen.com](http://www.trianglen.com).

**Patient name:** \_\_\_\_\_

**Patient birth date** (dd/mm/yy): \_\_\_\_\_

**Last menstrual bleeding start** (dd/mm/yy): \_\_\_\_\_

**Date of US-scan** (dd/mm/yy): \_\_\_\_\_

Please see below about the information needed at different ultrasound scans.

Right ovary follicles (number)	Left ovary follicles (number)
>20 mm: _____	>20 mm: _____
19-20 mm: _____	19-20 mm: _____
17-18 mm: _____	17-18 mm: _____
15-16 mm: _____	15-16 mm: _____
13-14 mm: _____	13-14 mm: _____
11-12 mm: _____	11-12 mm: _____
9-10 mm: _____	9-10 mm: _____
<9 mm: _____	<9 mm: _____

**Endometrial thickness (mm):** \_\_\_\_\_

**Endometrium 3-layered? yes/no:** \_\_\_\_\_

**Day 2-3 scan (short antagonist protocol)**

*Endometrium:* Should be menstrual.

*Ovaries:* Should not contain cysts with a diameter over 10 mm or a corpus luteum over 10 mm.

Well-known stable cysts such as an endometrioma may be acceptable.

**Day 21 scan (long agonist protocol)**

*Endometrium:* Should be luteal/secretory.

*Ovaries:* Should ideally contain a corpus luteum.

Well-known stable cysts such as an endometrioma may be acceptable.

**'Day 1' scan (before starting stimulation in long agonist protocol)**

*Endometrium:* Should be menstrual and less than 5 mm thick.

*Ovaries:* Should not contain cysts with a diameter over 10 mm or a corpus luteum over 10 mm.

Well-known stable cysts such as an endometrioma may be acceptable.

**Name of US-operator:** \_\_\_\_\_

**Name of clinic:** \_\_\_\_\_

**Contact phone:** \_\_\_\_\_

**Follicle and endometrium scan in**

- hormone stimulated cycles (IVF/IUI)
- unstimulated cycles
- Frozen embryo transfer cycles (+/- estradiol)

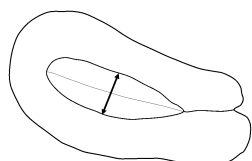
*Endometrium:* Please indicate the endometrial thickness in the left part of this form.

*Ovaries:* Please indicate the number of follicles in each size interval in the left part of this form.

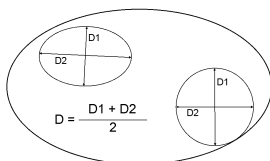
Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Endometrial thickness measurement



Follicle measurement