

# Transvaginal Ultrasonography

Preoperative   
  3 months   
  6 months   
  9 months   
  12 months

MCD    |\_\_|\_\_| day (LMP : (|\_\_|\_\_| y |\_\_|\_\_| mons |\_\_|\_\_| day)

<b>Fibroid</b>	Length (cm)	(1)  __ __ .  __ __  , (2)  __ __ .  __ __  , (3)  __ __ .  __ __
	Width (cm)	(1)  __ __ .  __ __  , (2)  __ __ .  __ __  , (3)  __ __ .  __ __
	Depth (cm)	(1)  __ __ .  __ __  , (2)  __ __ .  __ __  , (3)  __ __ .  __ __
	Volume <sup>1)</sup> (cm <sup>3</sup> )	__ __ __ __ .  __ __

<b>Uterus</b>	Length (cm)	__ __ .  __ __
	Width (cm)	__ __ .  __ __  ,
	Depth (cm)	__ __ .  __ __  ,
	Volume <sup>1)</sup> (cm <sup>3</sup> )	__ __ __ __ .  __ __

<b>Ovary</b>	<b>Right ovary</b>	Volume <sup>2)</sup> (cm <sup>3</sup> )     __ __ __ __ .  __ __
		<input type="checkbox"/> Cyst <input type="checkbox"/> Solid <input type="checkbox"/> Papillary projection <input type="checkbox"/> Septation <input type="checkbox"/> Others : _____
		<b>Clinical impression</b> <input type="checkbox"/> Within normal range <input type="checkbox"/> Abnormal : _____
	<b>Left ovary</b>	Volume <sup>2)</sup> (cm <sup>3</sup> )     __ __ __ __ .  __ __
		<input type="checkbox"/> Cyst <input type="checkbox"/> Solid <input type="checkbox"/> Papillary projection <input type="checkbox"/> Septation <input type="checkbox"/> Others : _____
		<b>Clinical impression</b> <input type="checkbox"/> Within normal range <input type="checkbox"/> Abnormal : _____

1) Fibroid volume : Length × Width × Depth × 0.5233 : total sum { (1)+(2)+(3) }

2) Uterine and ovarian volume : Length × Width × Depth × 0.5233