DEPARTMENT OF RADIOLOGY
KIMBROUGH AMBULATORY CARE CENTER
FORT GEORGE G. MEADE, MD 20755-5800

SUBJECT: Pelvic/Obstetrical Ultrasound Examination Instructions

1. This is a special examination and is performed only by appointment. Please call the Department of Radiology at 301-677-8180 or 8321 if you need to cancel or reschedule your appointment.

2. Please drink four 8 oz glasses of fluids (anything *except sodas, milk products and orange juice*) 2 1/2 hours before your examination appointment time. Drink fluids within the first 30 minutes of the 2 1/2-hour period. (See paragraphs 6 and 7 below for the times you should start and finish drinking fluids.)

3. You must come to the examination with a full bladder. If your bladder is not full, your examination will be rescheduled.

4. Do not urinate after drinking the fluids.

5. Bring your medical record.

6. Start drinking fluids at _____.

7. Finish drinking fluids by _____.

8. Your appointment is scheduled for _____, _____, at _____.
(Day) (Date) (Time)

Note: A full bladder is used as a "window" to see your pelvic organs (uterus and ovaries). If your bladder is not full, your bowels will obstruct ultrasound's ability to see these organs.