

# PENILE DOPPLER ULTRASOUND

**Name:**

**Sonographer:**

**Relevant clinical history:**.....  
 .....  
 .....

Elapsed Time	Rt Cavernosal Artery		Lt Cavernosal Artery		Response
	PSV cm/s	PDV cm/s	PSV cm/s	PDV cm/s	
Pre-Injection					
5 minutes					
10 minutes					
15 minutes					
20 minutes					
25 minutes					
30 minutes					

**ADDITIONAL COMMENTS:** .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....