


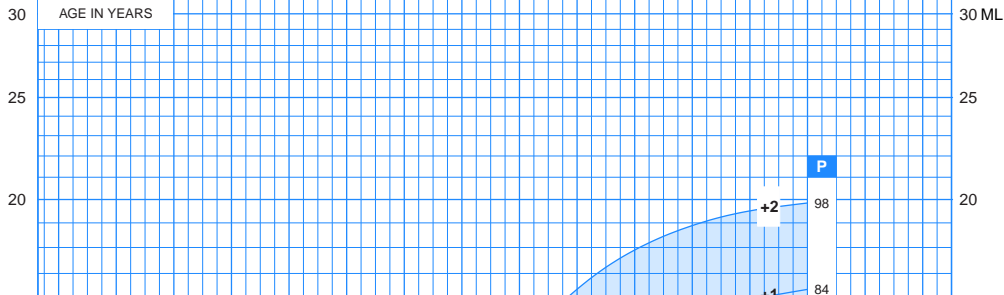
Date	Left (ml)	Right (ml)

# TESTIS ULTRASONOGRAPHY 0-19 YEARS

2015

Name _____		
Date of birth _____	Reg. nr _____	
Remarks _____		

6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
AGE IN YEARS
30 ML



## TESTICULAR VOLUME - AGE

