|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TANGGAL** | | | | | | |  | | | | **/** | |  | | | **2020** | | | | | **REG.** | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **S** |  | | Keluhan (-) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Post SC | | | | | |  | | | Post kuret | | | | | | |  | | | PP | | | | |  | | Post op | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ISK SIGN** | | | |  | | Noct | | | | | | | |  | | | | Disuria | | | | | |  | | | | Flank pain | | |
|  | | Anyang2en | | | | | | | |  | | | | Low abd p | | | | | |  | | | | frekwensi | | |
|  | | Polakisuria | | | | | | | |  | | | | Demam | | | | | |  | | | |  | | |
| **FLUOR ALBUS** | | | | | | | |  | | Kuning | | | | | | |  | | | Hijau | | | |  | | | | Putih | | |
|  | | Banyak | | | | | | |  | | | Sedikit | | | |  | | | | Bening | | |
|  | | Bau | | | | | | |  | | | Gatal | | | |  | | | | Nyeri/ panas | | |
| **O** |  | **TD** | | |  | | | | | | | | | | mmHg | | | | | | | | **BB** | |  | | | | | kg |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **P** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**USG REPORT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date / register** | **:** |  |  | | |
| **Name/ age** | **:** |  | |  | y.o |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **METHODE OF USG** |  | Abdominal |  | Transvaginal |

|  |
| --- |
| **INDICATION OF EXAMINATION** |

|  |
| --- |
| **TRIMESTER 1** |
| Confirm viable pregnancy |
| Confirm intrauterine pregnancy |
| Confirm heartbeat |
| Gestasional age determination |
| Measure biometric |
| Confirm ectopic pregnancy |
| Concern for molar pregnancy |
| Concern chorionicity in gemelly |
| Asses abnormal gestasional |
| Vaginal bleeding |
| Pelvic pain |
| Threatened miscarriage |
| Nuchal translucency, normal 1 – 3 mm (11-14 weeks, CRL 45-84 cm) |
| Follow up |
|  |
| **TRIMESTER 2 & 3** |
| screen for fetal anomalies |
| to determine fetal well-being |
| evaluate fetal growth |
| estimate gestational age |
| determine fetal presentation |
| Follow-up evaluations for a fetal structural abnormality |
| Follow-up evaluations for placental anomaly |
| evaluate premature rupture of membranes |
| evaluate preterm labor |
| To look for findings that may increase the risk for aneuploidy (eg, nuchal thickening, echogenic bowel, two-vessel cord) |
| a history of a congenital abnormality |
| To evaluate suspected fetal demise |
| Follow up |
|  |

|  |
| --- |
| **GESTASIONAL SAC (GS) & YOLK SAC (YS)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1.** | **Amount** |  | 1 |  | 2 |
| **2.** | **Location** |  | Intrauterine |  | Ectopic |
|  |  |  | Not visualized | | |
| **3.** | **Anomaly** |  | Normal wall | | |
|  |  |  | Irregularity wall | | |
|  |  |  | subchorionic bleeding (+) | | |
| **4.** | **Fetal pole** |  | (+) |  | (-) |
| **5.** | **Heart beat** |  | (+) |  | (-) |
| **6.** | **Yolk sac** |  | (+) |  | (-) |
| **7.** | **Diameter YS** |  | Normal≤6mm |  | Abnormal>6mm |

|  |
| --- |
| **FETUS** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **fetal appearance** | | |  | (+) |  | (-) |
| **2.** | **Amount of fetus** | | |  | 1 |  | 2 |
| **3.** | **Heart beat** | | |  | (+) |  | (-) |
| **4.** | **Movement** | | |  | (+) |  | (-) |
| **5.** | **Positioning** | | |  | vertex |  | breech |
|  |  | | |  | trans D |  | Oblique |
|  |  | | |  | trans S |  | Unstable |
|  |  | | |  | Undetermined | | |
| **6.** | **Nasal bone** |  | (+) |  | (-) | | |
|  |  |  | not visualized | | | | |

|  |
| --- |
| **BIOMETRICS** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ø GS** |  | | | **mm** | | | |
| **GS** |  | | | **Weeks** | | | |
| **CRL** |  | | | **Weeks** | | | |
| **NT** |  | | | **mm** | | | |
| **BPD** |  | | | **Weeks** | | | |
| **AC** |  | | | **Weeks** | | | |
| **FL** |  | | | **Weeks** | | | |
| **HUM** |  | | | **Weeks** | | | |
| **BOD** |  | | | **Weeks** | | | |
| **CEREB/ TCD** |  | | | **Weeks** | | | |
| **CM** |  | | | **mm** | | | |
| **Nuchal fold** |  | | | **mm** | | | |
| **FL/AC** |  | | | **%** | | | |
| **AVERAGE** |  | | | **Weeks** | | | |
| **EFW** |  | | | **Grams** | | | |
| **EDD base on USG** |  | | | | | | |
| **Assigned dating** |  | | | | | | |
| **Sex** |  | **♂** |  | | **♀** |  | Not defined yet |

|  |
| --- |
| **DOPPLER VELOCIMETRI** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A. Uterina:** | | | | | | | | | | | | | | | | | | | | | |
| SD | |  | | | | PI | | |  | | | | | | | RI | | |  | | |
|  | PI >1.5 high risk PE | | | | | | | | | |  | | PI ≤1.5 low risk PE | | | | | | | | |
|  | Notching (+) high risk PE | | | | | | | | | |  | | Notching (-) low risk PE | | | | | | | | |
| **A. Umbilicalis:** | | | | | | | | | | | | | | | | | | | | | |
| SD | |  | | | PI |  | | | | | | RI | |  | | | | | | | |
|  | | Notching (+)/ hypoxia | | | | | | | | | |  | | Notching (-) | | | | | | | |
| **MCA :** | | | | | | | | | | | | | | | | | | | | | |
| SD | |  | | | PI |  | | | | | | RI | |  | | | |  | | | |
| **MCA SD/ A.Umb SD** | | | | | | |  | | | >1 (normal) | | | | |  | | <1 (abnormal) | | | | |
| **MCA RI/ A. Umb RI** | | | | | | |  | | | >1 (normal) | | | | |  | | <1 Brain sparring | | | | |
| **AEDF---** | | |  | (+) | |  | | (-) | | | | **REDF---** | | | |  | | (+) | |  | (-) |

|  |
| --- |
| **BIOPHYSICAL PROFILE** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Fetal breathing movement** | | | | | | | |
|  | 1 or more episodes of ≥20 s within 30 min | | | | | | |
|  |  | Absent or no episode of ≥20 s within 30 min | | | | | |
| **Gross body movements** | | | | | | | |
|  | 2 or more discrete body/ limb movements within 30 min (episodes of active continuous movement considered as a single movement) | | | | | | |
|  |
|  |
|  |  | < 2 episodes of body/limb movements within 30 min | | | | | |
| **Fetal tone** | | | | | | | |
|  | 1 or more episodes of active extension with return to flexion of fetal limb(s) or trunk (opening and closing of hand considered normal tone) | | | | | | |
|  |
|  |
|  |  | Slow extension with return to partial flexion | | | | | |
|  |  | movement of limb in full extension | | | | | |
|  |  | absent fetal movement | | | | | |
|  |  | partially open fetal hand | | | | | |
| **Qualitative AFV** | | | | | | | |
|  | 1 or more pockets of fluid measuring ≥2 cm in vertical axis | | | | | | |
|  |  | Either no pockets or largest pocket < 2 cm in vertical axis | | | | | |
|  |
| **Score** | | |  | / | 8 |  |  |

|  |
| --- |
| **PLACENTA** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | Location |  | fundus | | | | |  | | Corpus | | | | | | |  | Ut low seg | | |
|  |  |  | Ant | | | | |  | | Post | | | | | | |  | Lateral | | |
|  |  |  | Dextra | | | | |  | | Sinistra | | | | | | | | | | |
| **2.** | Grade |  | 0 | | |  | | 1 | | |  | | | 2 | | | | |  | 3 |
| **3.** | Type |  | Placenta normal | | | | | | | |  | | | Totalis | | | | | | |
|  |  |  | Placenta previa | | | | | | | |  | | | Marginalis | | | | | | |
|  |  |  | Plac low lying | | | | | | | |  | | | Lateralis | | | | | | |
| **4.** | Calcification | | | | | |  | | (+) | | |  | | (-) | | | | | | |
| **5.** | Clear zone |  | Clear all surface | | | | | | | | | |  | | Negatif | | | | | |
|  |  |  | Partly not clear | | | | | | | | | |  | | Lacuna (+) | | | | | |
|  |  |  | Bridging vein (+) | | | | | | | | | |  | | Infiltration vasc. | | | | | |
| **6.** | Umbilical vessels | | |  | Three | | | | | | | |  | | Two | | | | | |
| **7.** | Plac thickness | | | **=** |  | | | | | | | | | | | cm | | | | |

|  |
| --- |
| **AMNIOTIC FLUID** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Amount** |  | Enough | | | |  | slight | | | | |
|  |  |  | oligohidramnion | | | |  | severe | | | | |
|  |  |  | polihidramnion | | | |  | Minimal/ empty | | | | |
| **2.** | **SDP----** |  | | cm | | **AFI---** | | |  | | cm |  |
|  |  |  | 2-8 cm | |  | <2 cm | | |  | >8 cm | | |

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| --- |
| **GENERAL ANATOMY** |

|  |
| --- |
| **A** = seems normal  **B** = seems abnormal  **C** = suspicious of an abnormality / doubt  **D** = can not be observed properly due to technical problems, for example the position of the fetus is not possible, the fetus moves continuously, covered other body parts, fat mother, limitations of ultrasound equipment, etc |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Skull** | | | | | | | | | | | | | | | |  | | | | | | | Seems normal | | | | | | | | | | | | | | | | | | | | | |  | | | | | Seems abnormal | | | | | | | | | | | | | |
| **Shape of the head** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | A | | |  | | B | | | | |  | | | | | | | C | | | | | |  | | | | | D | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | |  | |  |
|  | | | | | Dolichocephali | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Brachicephali | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Lemon shape | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ventricle dan choroid plexus** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | A | | |  | | B | | | | |  | | | | | | | C | | | | | |  | | | | | D | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | |  | |  |
| **Cavum septum pellucidum** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | A | | |  | | B | | | | |  | | | | | | | C | | | | | |  | | | | | D | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | |  | |  |
| **Cisterna magna** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | A | | |  | | B | | | | |  | | | | | | | C | | | | | |  | | | | | D | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | |  | |  |
|  | | | | | |  | | |  | |  | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | |  | |  |
| **FETAL FACE** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | A | | |  | | B | | | | |  | | | | | | | C | | | | | |  | | | | | D | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | |  | |  |
| **Nasal bone** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | A | | |  | | B | | | | |  | | | | | | | C | | | | | |  | | | | | D | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | |  | |  |
| **Orbita** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | A | | |  | | B | | | | |  | | | | | | | C | | | | | |  | | | | | D | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | |  | |  |
| **Upper lip** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | A | | |  | | B | | | | |  | | | | | | | C | | | | | |  | | | | | D | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | |  | |  |
| **Palatum** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | A | | |  | | B | | | | |  | | | | | | | C | | | | | |  | | | | | D | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | |  | |  |
| **Mandible** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | A | | |  | | B | | | | |  | | | | | | | C | | | | | |  | | | | | D | | | | |  | | | | |  | | | | |  | | | | | | |  | | |  | |  | |  |
| **NECK** | | | | | | | | | | | | | | |  | | | | | | Seems normal | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Seems abnormal | | | | | | | | | | | | |
| **Nuchal cord loop** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | (+) | | | | | | | | | | | | | |  | | | | | | (-) | | | | | | | | | | | | |
| **Tumor** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | (+) | | | | | | | | | | | | | |  | | | | | | (-) | | | | | | | | | | | | |
| **HEART** | | | | | | | | | | | |  | | | | | | Pulse (+) | | | | | | | | | | | | | | | | | |  | | | | | Pulse (-) | | | | | | | | | | | | | | | | | | | | | | |
| **Beats =** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | x/ minute | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rythmic** | | | | | | | | | | | | | | | | | | | | |  | | | | | | Regular | | | | | | | | | | | | | | |  | | | | | Aritmia | | | | | | | | | | | | | | | |
| **Axis** | | | | | | | | | | |  | | | | | | | | | | | | | | ˚ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Levocardia 22-75˚ | | | | | | | | | | | | | | | | | | | | |  | | | | | Mesocardia | | | | | | | | | | | | | | |  | | | | | | | Dextrocardia | | | | | | | | |
|  | | | | | | Suspicious anomaly (+) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CTAR** | | | | | | | | | | | | |  | | | | | | ≤50% normal | | | | | | | | | | | | | | | | | | | | |  | | | | | >50% | | | | | | | | | | | | | | | | | |
| **4CV** | | | | | | | | | | | | |  | | | | | | Seems normal | | | | | | | | | | | | | | | | | | | | |  | | | | | Suspicious abnormal | | | | | | | | | | | | | | | | | |
| **LVOT** | | | | | | | | | | | | |  | | | | | | Seems normal | | | | | | | | | | | | | | | | | | | | |  | | | | | Suspicious abnormal | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | Technically not well and celar visualized | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RVOT** | | | | | | | | | | | | |  | | | | | | Seems normal | | | | | | | | | | | | | | | | | | | | |  | | | | | Suspicious abnormal | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | Technically not well and celar visualized | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SPINE** | | | | | | | | | | | | | | | | |  | | | | | | | Seems normal | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Seems abnormal | | | | | | | | | | | |
| **Tumor** | | | | | | | | | | | | | | | | |  | | | | | | | (+) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | (-) | | | | | | | | | | | |
| **FETAL ABDOMEN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Diafragma** | | | | | | | | | | | | | | | | |  | | | | | | | Seems normal | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Seems abnormal | | | | | | | | | | | |
| **Liver** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | A | | | |  | | B | | |  | | | | | | C | | | | | | | |  | | | | | D | | | | |  | | | | |  | | | | |  | | | | | | |  | | | |  | |  | |  | |
| **Gaster & intestine** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | A | | | |  | | B | | |  | | | | | | C | | | | | | | |  | | | | | D | | | | |  | | | | |  | | | | |  | | | | | | |  | | | |  | |  | |  | |
| **Renal** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | A | | | |  | | B | | |  | | | | | | C | | | | | | | |  | | | | | D | | | | |  | | | | |  | | | | |  | | | | | | |  | | | |  | |  | |  | |
| **Abdominal wall** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | A | | | |  | | B | | |  | | | | | | C | | | | | | | |  | | | | | D | | | | |  | | | | |  | | | | |  | | | | | | |  | | | |  | |  | |  | |
|  | | | Intact abdominal wall | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Abdominal wall defect | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Vesica urinaria** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | A | | | |  | | B | | |  | | | | | | C | | | | | | | |  | | | | | D | | | | |  | | | | |  | | | | |  | | | | | | |  | | | |  | |  | |  | |
| **EXREMITIES** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Upper extr** | | | | | | | | | | | | | | | | |  | | | | | | | Both visualized | | | | | | | | | | | | | | | | | | | | | |  | | | | | | One visualized | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | Appear only one existence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Humeral shortened** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | (+) | | | | | | | | | | | | | | | |  | | | | (-) | | | | | | |
| **Lower extr** | | | | | | | | | | | | | | | | |  | | | | | | | Both visualized | | | | | | | | | | | | | | | | | | | | | |  | | | | | | One visualized | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | Appear only one existence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Radius shortened** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | (+) | | | | | | | | | | | | | | | |  | | | | (-) | | | | | | |
| **Major fetal defects seen on ultrasound today** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | No defects clearly visualized | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Suspicious abnormality | | | | | | | | | | | | | | | | | | | | | | | |

|  |
| --- |
| **MATERNAL STRUCTURES/ GYNAECOLOGIC** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Vesica Urine** |  | | full | | | | | |  | | | | | empty | | | |
|  |  | | | | | | | | | | | | | | | | | |
| **2.** | **Uterus** |  | | Seems normal | | | | | |  | | | | | Seems abnormal | | | |
|  | **P x T x L** | **=** | |  | | | |  | | | | | |  | | | cm | |
|  | **EL thickness** | **=** | |  | | | | cm | | | | | | | | | | |
|  | **Trilaminar** | **=** | |  | | (+) | | |  | | | (-) | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| **3.** | **Cervix** |  | | Seems normal | | | | | |  | | | | | Seems normal | | | |
|  | **funelling** |  | | (+) | | | | | |  | | | | | (-) | | | |
|  | **Length** | **=** | |  | | | | | | cm at 18 weeks | | | | | | | | |
| **4.** | **Adnexa D** |  | | Seems normal | | | | | |  | | | | | Seems abnormal | | | |
|  | **Ova D (P x L x T) =** | | | | | |  | | | | | |  | | |  | | cm |
|  |  | | | | | | | | | | | | | | | | | |
| **5.** | **Adnexa S** |  | | Seems normal | | | | | |  | | | | | Seems abnormal | | | |
|  | **Ova S (P x L x T) =** | | | | | |  | | | | | |  | | |  | | cm |
|  |  | | | | | | | | | | | | | | | | | |
| **6.** | Douglasy pouch | |  | | Normal | | | | | |  | | | Free fluid (+) | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| **NOTES:** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |

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| --- |
| **NST / CTG** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BASELINE** | |  | | **VARIABILITY** | | | | |  |
| **REACTIVITY** | |  | reactive | |  | | Non reactive | | |
|  | |  | Not obviously reactive | | | | | | |
| **FETAL MOVE** | |  | Positive | |  | | Negative | | |
| **HIS** | |  | Positive | |  | | Negative | | |
| **DECELERATION** | |  | no deceleration | |  | | Early deceleration | | |
|  |  | Variable deceleration | | | |  | | Late deceleration | |
|  |  | Early recovery | | | |  | | Late recovery | |
|  |  | Fetal tachycardia | | | |  | | Fetal bradycardia | |
| **CATEGORY** | |  | Normal | |  | | Suspicious | | |
|  | |  | Abnormal | |  | | Low variability | | |
|  | |  | Sinusoidal | |  | | Saltatore | | |

**CONCLUSIONS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Pregnancy age | = |  | weeks |
| 2. | **Assign dating** | **=** |  | |
| 3. | **Diagnosis today** | | | |
|  |  | | | |
| 4. | **Therapy plans/ delivery plan** | | | |
|  |  | | | |

**THINGS THAT MUST BE UNDERSTANDED BY THE PATIENT**

1. Ultrasound examination is a diagnostic aid. The fetus at any time experiences growth and development in accordance with the gestational age that may experience interference or disease resulting in abnormalities.
2. Ultrasound only evaluates for a moment during the examination, so maybe not every abnormality can be detected or can be found or can be seen during the ultrasound examination process, meaning that there is no guarantee that all congenital abnormalities can be detected before the fetus is born. The results of ultrasound that were declared normal today will not necessarily be normal at the time of the next ultrasound control.
3. If the patient wishes to further sharpen and clarify and improve the accuracy of detection of abnormalities / defects in the fetus, the patient is advised to continue the examination of the ultrasound detailed scan / morphology scan at the orchid clinic at fetomaternal division of Hasan Sadikin Hospital Bandung.
4. Ultrasound cannot find or cannot observe all abnormalities / defects in the fetus but by doing an ultrasound screening (detailed scan) is likely to be able to find or suspect congenital abnormalities / defects in the fetus with accuracy reaching up to 40%. Defects in the fetus can only be seen clearly and surely when the baby is born by a pediatrician. (THE SECOND TRIMESTER SCAN: NORMAL ANATOMY AND COMMON MALFORMATIONS, Professor G. Pilu, Italy, ISUOG) Link: https://www.youtube.com/watch?v=LpewqvVFKeI