

SONOGRAPHER OBSERVATION

Graphic Report: Select LMMI Sites only

Obstetrical Ultrasound: 1st Trimester (<14weeks)

THIS IS NOT A DIAGNOSTIC REPORT UNTIL IT HAS BEEN
REVIEWED BY A RADIOLOGIST
THIS REPORT IS FINAL WHEN A RADIOLOGIST'S DICTATED
REPORT IS ATTACHED

ABCD-21-06-90197

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Version 1.0

Owner: US RPL, LMMI

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CLINICAL INFORMATION

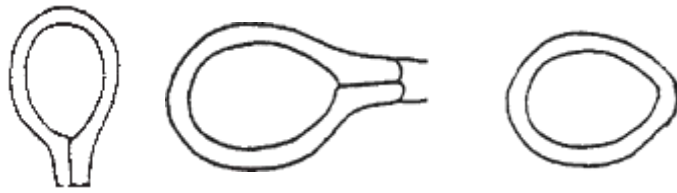
Sonographer: _____

LMP: _____

☐ Singleton

Gestational Age Today _____ weeks _____ days EDD: _____ G _____ P _____ A _____ L _____

Gestational Age determined by:	Timed Ovulation	<input type="checkbox"/> IUI <input type="checkbox"/> IVF <input type="checkbox"/> ICSI
	First Ultrasound	<input type="checkbox"/> 1 st trimester (>7weeks & CRL ≥ 10mm) Performed on: _____ <input type="checkbox"/> today



Prev. C-section ☐ Yes ☐ No Prev. Ectopic ☐ Yes ☐ No

Cervix _____ cm Appears Closed ☐ Yes ☐ No

EV ☐ Performed w/ consent ☐ EV attempted ☐ Not performed ☐ Patient Declined EV Probe # _____

Gestational Sac: ☐ Intrauterine ☐ Other _____ MSD _____ mm _____ wks Yolk Sac Seen: ☐ Yes ☐ No

Crown rump length (CRL) _____ mm = _____ weeks _____ days FHR: _____ bpm

Placenta (after 9 weeks): _____

If greater than 11 weeks 0 days gestation, attempt to include:

BPD _____ mm _____ weeks _____ days HC _____ mm _____ weeks _____ days

FETAL ANATOMY (after 11weeks)	Appears Normal	Appears Abnormal	Not Seen	FETAL ANATOMY (after 11weeks)	Appears Normal	Appears Abnormal	Not Seen
Choroid Plexus-filled ventricles				Symmetrical lung fields			
45° Cardiac Axis				4 limbs, 3 segments			
Stomach				Fetal abdominal wall cord insertion			
Bladder							

MATERNAL ANATOMY

Uterus	
Left Ovary / Adnexa	
Right Ovary / Adnexa	

COMMENTS:

Sonographer: _____ Sonographer reviewed this exam with a physician: ☐ No ☐ Yes - Physician who reviewed the exam: