

SONOGRAPHER OBSERVATION ONLY

Obstetrical Ultrasound: 2nd and 3rd Trimester




THIS IS NOT A DIAGNOSTIC REPORT
PLEASE SEE RADIOLOGIST REPORT

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CLINICAL INFORMATION

☐ No previous ultrasound

LMP: _____

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	
	First Ultrasound	<input type="checkbox"/> 2/3 rd trimester (mean of BPD / HC / AC / FL) (min 3 parameters)		Performed on: _____ <input type="checkbox"/> today	
					
Fetal Position: _____ <input type="checkbox"/> Singleton		Prev. C-section <input type="checkbox"/> Yes <input type="checkbox"/> No Prev. Ectopic <input type="checkbox"/> Yes <input type="checkbox"/> No			
FHR: _____ bpm		Fetal Movement: <input type="checkbox"/> Yes <input type="checkbox"/> No		Fetal Soft Markers assessed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Amniotic Fluid SDP = _____ cm		<input type="checkbox"/> Normal (2-8cm) <input type="checkbox"/> Decreased (<2cm) <input type="checkbox"/> Increased (>8cm) - Do AFI		AFI = _____	
Umb. Art. Doppler: Pulsatility Index (PI) (avg of 3): _____		<input type="checkbox"/> Positive EDV <input type="checkbox"/> Intermittent EDV <input type="checkbox"/> Absent EDV <input type="checkbox"/> Reversed EDV			
If clinically indicated (not available at all sites): MCA Doppler: _____		Ductus Venosus Doppler: _____			

BIOMETRY				Percentile for _____ wks. +/- _____ days					
				<5% *	5-9% *	10-49%	50-90%	90-95% *	>95% *
BPD	mm	Wks	%						
HC	mm	Wks	%						
AC	mm	Wks	%						
FL	mm	Wks	%						

Current Estimated age _____ wks +/- _____ days

Estimated Fetal Weight _____ +/- _____ gm

FETAL ANATOMY	Appears Normal	Appears Abnormal	Not Seen		Appears Normal	Appears Abnormal	Not Seen		Appears Normal	Appears Abnormal	Not Seen
Lateral ventricles				3VC				Heart 4Ch & Axis			
Choroid plexus				Abd/Plac Cord Ins				Heart SAX or OTs			
Cisterna magna				Abdominal Wall				Thorax			
Cavum septi pellucidi				Bowel				Spine			
Cerebellum				Stomach				4 Limbs, 3 segments			
Nuchal thickness				Kidneys				2 hands, 2 feet			
Face (orbits, lips)				Bladder				Nasal Bone	<input type="checkbox"/> Present	<input type="checkbox"/> Absent	

COMMENTS (including maternal pelvis if remarkable):

Sonographer

Physician who reviewed the exam