

SONOGRAPHER OBSERVATION ONLY

Obstetrical Ultrasound: 1st Trimester (<14weeks)

THIS IS NOT A DIAGNOSTIC REPORT
PLEASE SEE RADIOLOGIST REPORT

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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 <input type="checkbox"/> Yes <input type="checkbox"/> No		Prev. Ectopic <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Cervix _____ cm		Appears Closed <input type="checkbox"/> Yes <input type="checkbox"/> No	
	EV	<input type="checkbox"/> Performed w/ consent <input type="checkbox"/> Not performed	<input type="checkbox"/> EV attempted <input type="checkbox"/> Patient Declined	EV Probe # _____

Gestational Sac: <input type="checkbox"/> Intrauterine <input type="checkbox"/> Other _____	MSD _____ mm _____ wks	Yolk Sac Seen: <input type="checkbox"/> Yes <input type="checkbox"/> 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
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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

Physician who reviewed the exam