

# SONOGRAPHER OBSERVATION

## Graphic Report: Select LMMI Sites only

### Obstetrical Ultrasound – 2<sup>nd</sup> and 3<sup>rd</sup> Trimester




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-21-06-90198 Rev:15-Dec-2022 Vers:1.0 Owner: US RPL, LMMI Page: 1 of 1

#### CLINICAL INFORMATION

☐ No previous ultrasound

LMP: \_\_\_\_\_

|   |                  |  |  |
|---|------------------|--|--|
| <b>Gestational Age Today</b> _____ <b>weeks</b> _____ <b>days</b> <b>EDD:</b> _____   |                  | <b>G</b> _____ <b>P</b> _____ <b>A</b> _____ <b>L</b> _____  |  |
| Gestational Age determined by:  | Timed Ovulation  | <input type="checkbox"/> IUI <input type="checkbox"/> IVF <input type="checkbox"/> ICSI  |  |
|   | First Ultrasound | <input type="checkbox"/> 1 <sup>st</sup> trimester (>7weeks & CRL ≥ 10mm) Performed on: _____ <input type="checkbox"/> today   |  |
|   | First Ultrasound | <input type="checkbox"/> 2/3 <sup>rd</sup> trimester (mean of BPD / HC / AC / FL) (min 3 parameters) Performed on: _____ <input type="checkbox"/> today  |  |
|    |                  | <b>Prev. C-section</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Prev. Ectopic</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Cervix</b> _____ cm <b>Appears Closed</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>EV</b> <input type="checkbox"/> Performed w/ consent <input type="checkbox"/> EV attempted <input type="checkbox"/> Not performed <input type="checkbox"/> Patient Declined <b>EV Probe #</b> _____<br><b>Placenta</b> _____ cm from os (if req'd)<br><b>Fetal Position:</b> _____ <input type="checkbox"/> Singleton <b>Genitalia appears to be:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not determined |  |
| <b>FHR:</b> _____ bpm <b>Fetal Movement:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Fetal Soft Markers assessed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |                  |  |  |
| <b>Amniotic Fluid</b> SDP = _____ cm <input type="checkbox"/> Normal (2-8cm) <input type="checkbox"/> Decreased (<2cm) <input type="checkbox"/> Increased (>8cm) - <b>Do AFI</b> <b>AFI</b> = _____   |                  |  |  |
| <b>Umb. Art. Doppler:</b> 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                          |                  |  |  |
| <b>If clinically indicated</b> (not available at all sites): <b>MCA Doppler:</b> _____  |                  | <b>Ductus Venosus Doppler:</b> _____   |  |

| BIOMETRY |    |     |   | Percentile for _____ wks. +/- _____ days |        |        |        |          |        |                     |
|----------|----|-----|---|--|--------|--------|--------|----------|--------|---------------------|
|          |    |     |   | <5% *                                    | 5-9% * | 10-49% | 50-90% | 90-95% * | >95% * | Interval growth wks |
| 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:

Sonographer reviewed this exam with a physician:

☐ No

☐ Yes - Physician who reviewed the exam: