COMPLETE OB ULTRASOUND

☐ **Transabdominal** ☐ **Transvaginal**

Patient Name

DOB

MRN

Date _____ Tech _____

G ____ P ____ A ____ E ____ LMP _____

Prior OB US (this pregnancy): ☐ **Yes** ☐ **No** ☐ **on PACS** **EDD** _____

☐ **at Dr's office**

Indication _____

Fetal Number: 1 2 3 4

Presentation:

☐ Cephalic

☐ Breech: ☐ Footling ☐ Frank

Lie: ☐ Longitudinal ☐ Transverse ☐ Oblique

Head : ☐ Right ☐ Left

Cervical Length _____ **cm** TA / TV

☐ NWS ☐ Closed ☐ Funneling

_____

_____

Placenta

Location:

☐ Anterior ☐ Posterior

☐ Fundal ☐ Lateral R L

Position:

☐ Normal/above os

☐ Lw lying ____cm from internal os

☐ Previa

Cord Insertion:

☐ Central ☐ Marginal

☐ Eccentric ☐ Velamentous

AFI

Total: _____ mm

Max Vertical %tile range (mm)

Pocket: _____ 5th

_____ 10th

_____ mm _____ 50th

_____ 90th

Percentile range: _____ 95th

_____ th

Normal ☐ Oligohydramnios (< 5th %tile) ☐ Polyhydramnios (>95th%tile) ☐

Fetal Anatomy

3VC _____

Cord Insertion _____

Bladder _____

Kidneys RT _____ Lt _____

Stomach— Lt _____

4 Chamber Heart _____

☐ LVOT ☐ RVOT

Heart Rate _____ bpm

Heart Rhythm ☐ regular ☐ Irregular

Fetal Activity _____

Spine _____

Arms _____

Legs _____

Lat Ventricle _____ mm (N<10)

Cerebellum _____

Cist. Magna _____ mm (N=3-11)

Midline falx _____

Cavum Septum Pellucidi _____

Profile _____

Nose/Upper Lip _____

Gender M F ?

Comments/ Abnormal fetal anatomy

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

AP Renal Pelvis

≤ 22w+0d (N ≤ 3.99mm)
22w+1d—28w+0d (N < 5.0MM)
28w+1d—36w+ (N < 7.0MM)

Uterus _____

Ovaries_____

Cul-de-sac _____

MEASUREMENTS

BPD _____ cm _____ %tile

OFD _____ cm _____ %tile

HC _____ cm _____ %tile

AC _____ cm _____ %tile

FL _____ cm _____ %tile

Humerus_____ cm _____ %tile

EFW _____ ± _____ g %tile _____ (~3-97%)*

RATIOS (accurate if > 20 wks gestation)

BPD/OFD CI _____% (70 - 86%)

FL/BPD _____% (71 - 87%)

HC/AC _____ % (--)

FL/AC _____ % (20 –24 %)

LMP : **GA:**_____**weeks** _____ **days, EDD**_____

Earliest US: **GA:**_____**weeks** _____**days, EDD:**_____

Today's exam: **GA:** _____**weeks** _____**days, EDD:**_____

NOT A MEDICAL DOCUMENT