

FIRST TRIMESTER ≤ 14 WEEK OB

Transabdominal **Transvaginal**

Patient Name _____ Date _____ Tech _____

DOB _____ G ____ P ____ A ____ E ____ LMP _____ βhCG _____

MRN _____ Prior OB US (this pregnancy): Yes No on PACS : EDD _____
 at Dr's office

Indication: Bleeding: x _____ days Pain: RLQ LLQ
 Late prenatal care Confirm dates
 Obesity Diabetes Hypertension Mental disorder Problems with prior pregnancy
 Other _____

Uterus: _____ x _____ x _____ cm anteverted retroverted _____

Endometrium: Normal / Abnormal _____

Subchorionic hemorrhage: Yes / No _____ x _____ x _____ cm _____

of gestational sacs: 0 1 2 3 **Number of fetuses:** 0 1 2 3

Gestational Sac: Normal / Abnormal **Mean sac diameter** _____ cm _____ w _____ d *remove from calc. if fetal pole is seen

Yolk Sac: Normal / Abnormal _____ mm (mid-wall to mid-wall or near edge to near edge) (Normal ≤ 6 mm)

Fetal Pole: Normal / Abnormal _____

CRL: _____ mm _____ w _____ d

FHR: _____ bpm

Cervical Length: _____ cm

Rt Ovary: _____ x _____ x _____ cm Volume _____ mL _____

Lt Ovary: _____ x _____ x _____ cm Volume _____ mL _____

Corpus Luteum Cyst: R L _____ x _____ x _____ cm _____

Free Fluid: Yes / No _____

Comments: _____

By LMP : GA: _____ weeks _____ days, EDD _____
Earliest US: GA: _____ weeks _____ days, EDD: _____
Today's exam: GA: _____ weeks _____ days, EDD: _____

*Best estimate of EDD comes from earliest CRL measurement. Best estimate EDD is never changed on subsequent US exams.