Obstetric Ultrasound Worksheet > 14 wks Full Anatomy Scan

Patient Name: _____ **MR#:** _____ **Date:** _____/_____/_____

Referring Physician: _____ **Tech:** _____ **Chaperone:** _____

Reason for Study: _____

Patient History: _____

_____

LMP: _____/_____/_____ **Hx of C-Section** ☐ **Gravida:**_____ **Para:** _____ **AB:** _____ **Ectopic:** _____

EDD (LMP / Prior US / Given): _____/_____/_____ **Assumed GA (LMP / Prior US / Given):** _____ *wk* ____ *d*

FETAL NUMBER: SINGLETON ☐ TWIN ☐ OTHER: _____ ☐ **Beta-hCG:** _____ mIU/mL Date: (____/_____/_____)

CARDIAC / THORAX (BABY A):

Fetal Heart Motion (FHM) seen: No ☐ Yes ☐

Fetal Heart Rate (FHR): _____ bpm ***FHT:*** WNL / Abnormal

Thoracic Anatomy Seen:

Four Chamber Heart ☐ Diaphragm ☐

Cardiac Axis: Normal / Abnormal ***Situs:*** Normal / Abnormal

HEAD / FACE (BABY A):

Biparietal Diameter (BPD): _____ cm _____ *wk* ____ *d*

Head Circumference (HC): _____ cm _____ *wk* ____ *d*

Cranium: Normal / Abnormal

Cerebral Anatomy Seen:

Cavum Septi Pellucidi ☐ Midline Falx ☐ Thalami ☐

Lateral Ventricles ☐ Cerebellum ☐ Cisterna Magna ☐

Mid sagittal profile obtained: No ☐ Yes ☐

Inner Orbital distance (IOD): _____ cm

Outer Orbital distance (IOD): _____ cm

Nasal Bone (NB): _____ cm

Lips: Normal / Abnormal

SPINE (BABY A):

Spinal Anatomy Seen:

Cervical ☐ Thoracic ☐ Lumbar ☐ Coccyx ☐

ABDOMEN / PELVIC (BABY A):

Abdominal Circumference (AC): _____ cm _____ *wk* ____ *d*

Abdominal/Pelvic Anatomy Seen:

Stomach ☐ Gallbladder ☐ Rt Kidney ☐ Lt Kidney ☐ Bowel ☐

Urinary Bladder ☐ Abdominal Cord Insertion ☐ XX ☐ XY ☐

EXTREMITIES (BABY A):

Femur Length (FL): _____ cm _____ *wk* ____ *d*

RT Upper Extremity: Normal / Abnormal / Not Visualized

LT Upper Extremity: Normal / Abnormal / Not Visualized

RT Lower Extremity: Normal / Abnormal / Not Visualized

LT Lower Extremity: Normal / Abnormal / Not Visualized

OBSTETRICS (BABY A):

Cervix: Normal / Abnormal / Obscured

Cervical Length: _____ cm

Fetal Presentation:

Cephalic/Vertex ☐ Breech ☐ Oblique ☐ Varied ☐

Transverse/Maternal Head RT ☐ Transverse/Maternal Head LT ☐

Placenta: Normal / Abnormal

Placental Grade: _____

Anterior ☐ Posterior ☐ Lateral RT ☐ Lateral LT ☐

Low Lying ☐ Marginal ☐ Partial Previa ☐ Complete Previa ☐

Placental abruption seen: No ☐ Yes ☐

Umbilical Cord 3-Vessel View seen: No ☐ Yes ☐

Umbilical Cord Coiling: Normal / Hypo-coiled / Hyper-coiled

Amniotic Fluid: Normal / Abnormal

Amniotic Fluid Index (AFI): _____ cm

Deepest Vertical Pocket (DPV): _____ cm *to be used if too early for AFI

Fetal Movement: Normal / Abnormal

Maternal Adnexa: Normal / Abnormal / Not Visualized

DATING AND SIZE (BABY A):

Estimated Fetal Weight (EFW): _____ g (+/-_____ g)

EFW Percentile: _____%

HC/AC: _____ Normal range: _____

FL/AC: _____ Normal range: _____

CI: _____ Normal range: _____

AUA: _____ *wk* ____ *d* (+/- ____ *wk* ___ *d*)

EDD(AUA): _____/_____/_____

Comments:

_____

_____

_____