Obstetric Ultrasound Worksheet < 14 wks

Single Gestation ☐ Baby A ☐

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

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

Reason for Study: _____

Patient History: _____

_____

TRANSABDOMINAL ☐ **TRANSVAGINAL ☐**

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

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

IUP SEEN AT THIS TIME? No ☐ Yes ☐ **Beta-hCG:** _____ mIU/mL Date: (____/_____/_____)

FETAL NUMBER: SINGLETON ☐ TWIN ☐ OTHER: _____ ☐

PREGNANT UTERUS:

UT Dimensions: _____ x _____ x _____ cm

Volume: _____ mL

Fibroids ☐ **If so, are there multiple?** No ☐ Yes ☐

Largest: _____ x _____ x _____ cm

ENDOMETRIUM:

_____ mm (*if no GS is seen at this time*)

Retained Products of Conception: N/A ☐ No ☐ Yes ☐

CERVIX:

_____ cm ***Length:*** WNL / Incompetent

CUL-DE-SAC:

Free fluid ☐ Mass ☐ Other: _____ ☐

RIGHT OVARY:

Removed / Obscured ☐

_____ x _____ x _____ cm

Corpus Luteum ☐ **Vascularity seen:** No ☐ Yes ☐

LEFT OVARY:

Removed / Obscured ☐

_____ x _____ x _____ cm

Corpus Luteum ☐ **Vascularity seen:** No ☐ Yes ☐

Maternal Pelvic findings:

_____

_____

FETAL SURVEY (BABY A):

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

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

Fetal Body Motion seen: No ☐ Yes ☐

Mean Gestation Sac (GS): _____ cm _____ *wk* ____ *d*

Location: Fundal / Low Lying GS ***Shape:*** Normal / Abnormal

Subchorionic Bleed: No ☐ Yes ☐

Crown Rump Length (CRL): _____ cm _____ *wk* ____ *d*

Yolk Sac (YS): _____ cm ***Shape:*** Normal / Abnormal

ADDITIONAL FETAL SIZE AND DATING:

If either the (GS) or (CRL) have triggered an Out of Range (OOR) for size and dates. Include the following 2 measurements:

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

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

ESTIMATED FETAL CALCULATIONS (BABY A):

EDD (AUA): _____/_____/_____

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

Fetal findings (BABY A):

_____

_____

Comments: _____