

Patient Name: _____

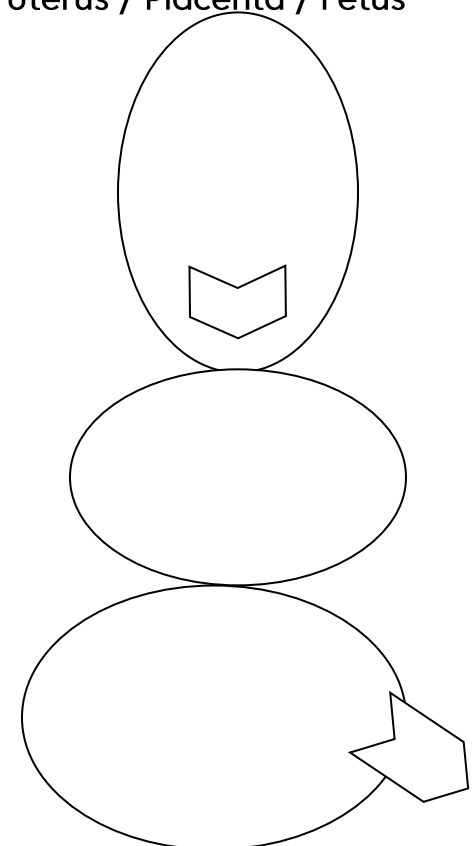
Previous exam: _____

Date of birth: _____ Technologist: _____

OB 2nd & 3rd TRIMESTER ULTRASOUND WORKSHEET

Ordering Physician: _____ LMP: _____ EDD: _____

Clinical Info: _____

<p>Fetal Number</p> <ul style="list-style-type: none"> <input type="checkbox"/> Single <input type="checkbox"/> Multiple <p>Presentation/Position</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cephalic <input type="checkbox"/> Breech <input type="checkbox"/> Transverse <input type="checkbox"/> Oblique <p>Fetal Heart Rate: _____ BPM</p> <p>Amniotic Fluid: AFI: _____ cm</p> <ul style="list-style-type: none"> <input type="checkbox"/> Normal <input type="checkbox"/> Polyhydramnios <input type="checkbox"/> Oligohydramnios <p>Placenta Location</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Right Lateral <input type="checkbox"/> Left Lateral <input type="checkbox"/> Fundal <input type="checkbox"/> Previa <p>(Marginal, Partial, Complete)</p> <p>Maternal Anatomy</p> <p>Cervical Length: _____ cm</p> <p>Ovaries (if not previously imaged):</p> <p>Right: _____</p> <p>Left: _____</p>	<p>Uterus / Placenta / Fetus</p>  <p>Longitudinal</p>	<p>Fetal Anatomic Survey (Check those that are <i>normal</i>)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cerebellum <input type="checkbox"/> Choroid plexus <input type="checkbox"/> Cisterna magna <input type="checkbox"/> Lat. Cerebral ventricles <input type="checkbox"/> Midline falx <input type="checkbox"/> Cavum septi pellucidi <input type="checkbox"/> Upper lip <input type="checkbox"/> 4 chamber heart <input type="checkbox"/> Aortic and pulmonary artery outflow tracts <input type="checkbox"/> Left sided stomach <input type="checkbox"/> 2 kidneys <input type="checkbox"/> Urinary bladder <input type="checkbox"/> 3V cord w/insertion <input type="checkbox"/> Spine: c / t / l / s <input type="checkbox"/> 4 extremities <input type="checkbox"/> Male <input type="checkbox"/> Female
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Other comments: _____

Routine, no immediate call back necessary or

Call report to: _____ **Number or Pager:** _____

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Previous exam: _____

Date of birth: _____ Technologist: _____