

Patient Name: _____

Previous exam: _____

Date of birth: _____ Technologist: _____

OB FIRST TRIMESTER < 14 Weeks ULTRASOUND WORKSHEET

Ordering Physician: _____

Clinical Info: _____

G _____ P _____ A _____ LMP: _____ EDD by LMP: _____ EDD by US: _____

*Accuracy in dating by US at
6 to 12 wks. is + / - 4.7 days

Technique: Transabdominal sonography was initially performed, followed by
 Transvaginal sonography for greater detail

Findings:

Number of fetuses: _____ HCG: _____ Date drawn: _____

Number of Gestational Sacs: _____

Gestational Sac Measurements: _____ x _____ x _____ cm

Mean Sac Diameter of _____ cm = _____ wk. _____ d

CRL: _____ cm = _____ wk. _____ d

Cardiac Activity: _____ BPM NONE

Placenta

Location: _____

Uterus or Cervix

Pathology: _____

(R) Ovary: _____ x _____ x _____ cm Normal Spectral and Color Doppler

Comments: _____

(L) Ovary: _____ x _____ x _____ cm Normal Spectral and Color Doppler

Comments: _____

Cul-de-sac: Normal, no free fluid

Comments: _____

Routine, no immediate call back necessary or

Call report to: _____ Number or Pager: _____