

TRUE NORTH IMAGING

SONOGRAPHER OBSTETRICAL WORKSHEET - 1st TRIMESTER

NOTE: THIS IS NOT A REPORT

PATIENT NAME: _____ DATE: _____ DD/MM/YYYY

CLINICAL HISTORY: _____

PARA _____ GRAVIDA _____ ABORTA _____

NUMBER OF FETUSES _____

PLACENTA LOCATION _____ DISTANCE from OS _____ cm

CERVIX LENGTH _____ cm

FETAL HEART RATE: _____ bpm

BY LMP OF _____ EDC IS _____ DD/MM/YYYY

BY U/S EDC IS _____ DD/MM/YYYY

MEASUREMENTS:

BPD _____ cm _____ wks _____ day

AC _____ cm _____ wks _____ day

FL _____ cm _____ wks _____ day

CRL _____ cm _____ wks _____ day

GEST SAC _____ cm _____ wks _____ day

GEST AGE BY THIS U/S _____ wks _____ days

YOLK SAC _____ mm

NUCHAL TRANS. _____ mm

NASAL BONE _____ mm

FETAL HEART ACTIVITY

FETAL MOVEMENT

SEEN	NOT SEEN	ABNORMAL

RT OVARY MEASURES _____ X _____ X _____

RT ADNEXA; NORMAL _____ ABN _____

LT OVARY MEASURES _____ X _____ X _____

LT ADNEXA; NORMAL _____ ABN _____

FREE FLUID: PRESENT _____ NOT PRESENT _____

SONOGRAPHER COMMENTS: