

TRUE NORTH IMAGING

SONOGRAPHER OBSTETRICAL WORKSHEET - 2nd TRIMESTER

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

CLINICAL HISTORY:

NUMBER OF FETUSES _____ FETAL LIE _____

PLACENTA LOCATION _____ DISTANCE FROM OS _____ cm

CERVIX LENGTH _____ cm AFV: NORMAL _____ INCREASED _____ DECREASED _____

AFI _____ (_____ %ile) FTL HEART RATE _____

MATERNAL OVARIES: SEEN _____ NOT SEEN _____

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

BY 1st U/S EDC IS _____ DD/MM/YYYY

MEASUREMENTS: BPD _____ cm _____ wks _____ days

HC _____ cm _____ wks _____ days

AC _____ cm _____ wks _____ days

FL _____ cm _____ wks _____ days

GEST AGE BY THIS U/S _____ WEEKS _____ DAYS

TODAYS FTL WEIGHT MINUS PREVIOUS FTL WEIGHT = _____ INTERVAL WEIGHT GAIN

FETAL CRANIUM:

CAVUM SEPTUM

CHOROID PLEXUS

LAT VENTRICLE: ANT HORN _____ cm

ATRIA POST HORN _____ cm

POST FOSSA: CEREBELLUM _____ cm

CISTERNA MAGNA _____ cm

NUCHAL FOLD _____ cm

FETAL SPINE:

NOTE: THIS IS NOT A REPORT

	SEEN	NOT SEEN	ABN
CERV/THOR/LUM			
SACRAL TAPER			
NOSE/LIPS			
PROFILE			
LENS			
4 CHAMBER HRT			
RVOT			
LVOT			
AO ARCH			

FETAL HEART:

FETAL ABDOMEN:

	SEEN	NOT SEEN	ABN
DIAPHRAGM			
STOMACH			
KIDNEYS			
BLADDER			
3 VESSEL CORD			
CORD INSERTION			

EXTREMITIES:

	SEEN	NOT SEEN	ABN
RT HAND			
LT HAND			
HUMERUS x2			
RAD/ULNA x2			
RT FOOT			
LT FOOT			
FEMUR x 2			
TIB/FIB x 2			