

TRUE NORTH IMAGING

3rd TRIMESTER OBSTETRICAL WORKSHEET

NOTE: THIS IS NOT A REPORT

PATIENT NAME: _____ DATE: _____

CLINICAL HISTORY:

NUMBER OF FETUSES _____ FETAL LIE _____

PLACENTA LOCATION _____ DISTANCE FROM OS _____ cm

CERVIX LENGTH _____ AFV: NORMAL _____ INCREASED _____ DECREASED _____

AFI _____ or _____ %ile range FTL HEART RATE _____ bpm

MATERNAL OVARIES: SEEN _____ NOT SEEN _____

EDC IS: _____ (BY LMP _____ OR: PREVIOUS U/S _____)

MEASUREMENTS:

BPD _____ cm _____ wks _____ day

HC _____ cm _____ wks _____ day

AC _____ cm _____ wks _____ day

FL _____ cm _____ wks _____ day

GEST AGE BY THIS U/S _____ WEEKS _____ DAY

TODAYS FTL WEIGHT = _____ gra _____ %ile (BRENNER)

MINUS PREVIOUS FTL WEIGHT = _____ grams INTERVAL WEIGHT GAIN

BPP:

	SEEN	NOT SEEN	SCORE
FETAL MOVEMENT			/2
FETAL TONE			/2
FETAL BREATHING			/2
AMNIOTIC FLUID			/2

TOTAL BPP SCORE _____ / 8

FETAL ANATOMY:

	SEEN	NOT SEEN	ABN
4 CH. HEART			
DIAPHRAGM			
STOMACH			
KIDNEYS			
BLADDER			
3 VESSEL CORD			
CORD INSERTION			
ANT HORN			
POST HORN			

LATERAL VENTRICLES

DOPPLER:

REQUESTED _____ NOT REQUESTED _____

DOPPLER:

	DIASTOLIC FLOW PRESENT	ABSENT	REVERSED
UMB ART			
	RESULT	NORMAL RANGE	
S/D RATIO			
PI			
PEAK SYSTOLE			
PI			

UMB ART

MCA

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NOTE: THIS IS NOT A REPORT

PATIENT NAME: _____

DATE: _____

SONOGRABER COMMENTS:

[illegible]

SONOGRAPHER NAME:

SONOGRAPHER SIGNATURE _____