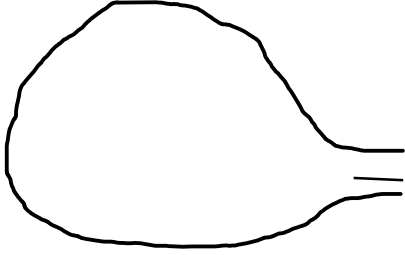


2ND/3RD Trimester OB Ultrasound Worksheet

Patient Name	Date of Exam
Indication	Ordering Provider

Fetus and Fetal Environment	Draw fetal position and placenta location
Fetal number: Single <input type="checkbox"/> Twins <input type="checkbox"/> Triplets <input type="checkbox"/> Cardiac Activity: _____ BPM Position: Cephalic <input type="checkbox"/> Breech <input type="checkbox"/> Variable <input type="checkbox"/> Amniotic Fluid: AFI: _____ cm, DVP _____ cm Placenta location: Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Fundal <input type="checkbox"/> Placenta: Clear of os <input type="checkbox"/> Previa <input type="checkbox"/> Low lying <input type="checkbox"/> Prior C-section? Yes <input type="checkbox"/> No <input type="checkbox"/> Placenta covering scar? <input type="checkbox"/> Cervical Length: _____ (cm)	

Anatomic Survey Based on ACOG, AIUM, ACR Consensus Statement							
STRUCTURE	Seen	Not Seen	Abnormal	STRUCTURE	Seen	Not Seen	Abnormal
HEAD				ABDOMEN			
Lateral Vents				Stomach			
Choroid				Kidneys			
Midline Falx				Bladder			
CSP				Cord Insert			
Cerebellum				3-V cord			
Cisterna Mag				OTHER			
Upper lip				Spine			
Profile				Legs/Feet			
CHEST				Arms/hands			
4 Chamber				*Structures to obtain if feasible, but NOT required			
LVOT/Arch				*3-vessel view, placental cord insertion, diaphragm, M. ovaries			
RVOT							

Biometry		
Measurement	Size in cm	Percentile %
BPD		
HC		
AC		
FL		
Estimated Fetal Weight		

Dating		
Sonographic Age	W	D
Clinical Age (LMP/1 st US)	W	D
LMP		
Sonographic Due Date		
Clinical Due Date		

COMMENTS:

Sonographer: _____