

# NEONATAL BRAIN ULTRASOUND

Patient Name \_\_\_\_\_  
DOB \_\_\_\_\_  
MRN \_\_\_\_\_

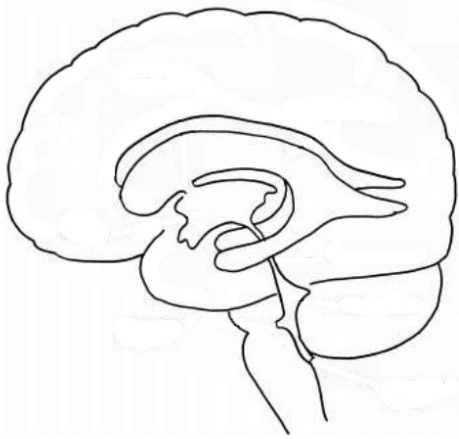
Date \_\_\_\_\_ Tech \_\_\_\_\_

Corrected Gestational Age: \_\_\_\_\_ w \_\_\_\_\_ d

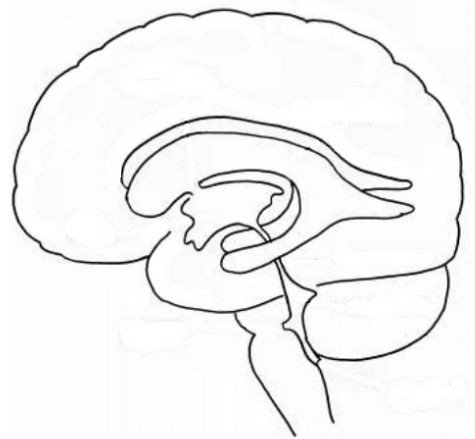
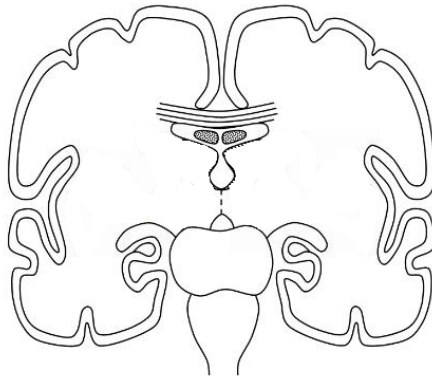
Initial     Repeat    Date of prior \_\_\_\_\_

History \_\_\_\_\_  
\_\_\_\_\_

**RIGHT**



**LEFT**



**RIGHT:** \_\_\_\_\_

**LEFT:** \_\_\_\_\_

**Hydrocephalus**

**Hemorrhage:**

- Grade 1:** Confined to Germinal Matrix
- Grade 2:** GMH with Interventricular Hemorrhage- No Hydro
- Grade 3:** IVH with Hydro
- Grade 4:** Brain Parenchymal Extent

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Tech comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_