Follow Up OB Ultrasound

☐ Transabdominal ☐ Transvaginal

Date _____ Tech _____

G ____ P ____ A ____ E ____ LMP _____

Patient sticker

Prior OB US (this pregnancy): □ **Yes** □ **No** □ **on PACS** **EDD** _____
□ **at Dr's office**

Indication _____

Fetal Number: 1 2 3 4

Presentation:

□ Cephalic

□ Breech: □ Footling □ Frank

Lie: □ Longitudinal □ Transverse □ Oblique

Head : □ Right □ Left

Cervical Length _____ **cm** TA / TV

□ Closed □ funneling □ NWS

_____

_____

FHR _____BPM

Placenta Location:

□ Anterior □ Posterior

□ Fundal □ Lateral R L

Position:

□ Normal/above os

□ low lying ____cm from internal os

□ Previa

AFI

Total:

_____ **mm**

Max Vertical Pocket:

_____ **mm**

Percentile range:

_____ **th**

%tile range (mm)

_____ 5th

_____ 10th

_____ **50th**

_____ 90th

_____ 95th

Normal □ Oligo- □ Poly- □

Comments

_____

_____

_____

_____

_____

Uterus _____

Ovaries_____

Cul-de-sac _____

AP Renal Pelvis criteria
≤ 22w+0d (N ≤ 3.99mm)
22w+1d-28w+0d (N < 5.0mm)
28w+1d-36w+ (N < 7.0mm)

MEASUREMENTS

BPD	_____ cm	_____ %tile
OFD	_____ cm	_____ %tile
HC	_____ cm	_____ %tile
AC	_____ cm	_____ %tile
FL	_____ cm	_____ %tile
Humerus	_____ cm	_____ %tile

EFW _____ ± _____ g %tile _____ (~3-97%)

RATIOS (accurate if > 20 wks gestation)

BPD/OFD CI	_____%	(70 - 86%)
FL/BPD	_____%	(71 - 87%)
HC/AC	_____	(--)
FL/AC	_____	(20 - 24%)

LMP : GA:_____weeks _____days, EDD_____

Earliest US: **GA:_____weeks _____days, EDD:_____**

Today's exam: **GA: _____weeks _____days, EDD:_____**

NOT A MEDICAL DOCUMENT