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:

_____**cm**

Max Vertical
Pocket:

_____**cm**

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

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:_____