❑ McLAREN FLINT
401 S. Ballenger Hwy. • Flint, MI 48532
810-342-2209

❑ McLAREN IMAGING CENTER
501 S. Ballenger Hwy., Suite B • Flint, MI 48532
810-342-4800

DEPARTMENT OF RADIOLOGY
OB ULTRASOUND WORKSHEET

Name: ______________________ Date: ______ / ______ / ______ Gravida/Para: ______________

LMP: ______________ EDC: ______________ Date/AGA last u/s exam: ______________

HX of Irregular menses: ______________ HX of complications in pregnancy: ______________

Rh-: ____________ Bleeding: ____________ Ruptured membranes: ______________

Previous Study: ❑ Yes ❑ No Date: ______________

FETAL EVALUATION/INDICATION FOR EXAM

Fetal Lie: ______________ Number: ______________

FHT: ______________ 4 Chambers: ______________

Stomach: ______________ Situs: ______________

Diaphragm: ______________ Bladder: ______________

Spine C: ______________ Spine T Spine L: ______________

Spine S: ______________ Cord Insertion: ______________

3 Vessels: ______________ Renals: Rt: ____________ Lt: ____________

Choroid Plexus: ______________ Thalmus: ______________

Midbrain: ______________ CSP: ______________

Ventricles: ______________

FETAL ENVIRONMENT

Uterus: ______________ Ovaries: ______________

Cervical Length: ______________ Open: ____________ Closed: ____________

Placenta Position: ______________ Grade: ____________ Previa: ____________

Quantitative Amniotic Fluid Index: ______________ Length from placental tip to CX: ____________

MEASUREMENTS AUA % TILE ____________

BPD: ____________ / ____________ HC: ____________ / ____________

AC: ____________ / ____________ FL: ____________ / ____________

CER: ____________ / ____________

CRL: ____________ / ____________ SAC: ____________ / ____________

Nuchal Fold: ______________ Posterior Fosse/Cisterna Magna: ______________

FL/AC: ____________ FL/BPD: ____________ HC/AC: ____________ CI: ____________

AGA: ____________ EFW: ____________ EDC: ____________

BIOPHYSICAL PROFILE

Fetal Breathing: ______________ Fetal Tone: ______________

Gross Body Movement: ______________ AFI: ______________

Brenner Chart ______________

Hadlock Measurement______________

Sonographer: ______________

PT.
MR.#/P.M.
DR.

680b