

McLaren Medical Group
SECOND AND THIRD TRIMESTER OBSTETRICAL ULTRASOUND

Date: _____

Patient Name: _____ Date of Birth: _____

Ordering Provider: _____

MEASUREMENTS

BPDmm/wks: _____

OFDmm/wks: _____

HC cm: _____

AC cm: _____

FL cm: _____

RATIOS

CI: _____

FL/BPD: _____

FL/AC: _____

HC/AC: _____

EFW gms: _____

Weight (lbs): _____

Percent (%): _____

of Fetuses: _____

Presentation: _____

Cardiac Motion: YES or NO

Amniotic Fluid: _____

Max Vertical Pocket: _____

Total AFI: _____

FETAL ANATOMY	IDENTIFIED	NOT IDENTIFIED	COMMENTS
Ventricles			
Nuchal Fold			
Choroid Plexus			
Midline Falx			
Cavum Septi Pellucidi			
Cerebellum			
Cisterna Magna			
Fetal Face			
Spine			
Thoracic			
Lumbar Sacral			
Arms			
Legs			
Four Chamber Heart			
Right Outflow Trac			
Left Outflow Trac			
Stomach			
Kidneys			
Bladder			
Gender			
Three Vessel Cord			
Cord Insertion			

Placental Location: _____ Previa: YES or NO Placenta Grade: _____

Cervical Length: _____ Stressed Cervix: _____

EDC by LMP: _____ EDC by SONO: _____

Comments: _____ Done By: _____ Date/Time: _____
Provider Comments: _____ Provider Signature: _____ Date/Time: _____

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