McLaren

THUMB REGION

1100 S. Van Dyke, Bad Axe. MI 48413

Ultrasound Department

OB 2ND & 3RD TRIMESTER

Name: _____ MR #: _____

Referring Physician: _____ EDC: _____

Date: _____ LMP: _____ Age: _____ G: ____ P: ____ Ab < 20 wks _____ Ab > 20 wks _____

Pelvic Exam: _____ Surgeries/C-Sections: _____

High Blood Pressure: _____ Diabetes: _____

Bleeding/Spotting/Discharge: _____ Hormones: _____

Indication: _____

Gestation:	**Presentation:**	**Fetal Measurements**		
( ) Single	( ) Vertex	BPD _____	CM _____	wks
( ) Twin	( ) Breech	Head _____	CM _____	wks
( ) Other	( ) Oblique	ABD _____	CM _____	wks
	( ) Transverse	Femur _____	CM _____	wks

Fetal Activity: Limb: ( ) Yes ( ) No Heart: ( ) Yes ( ) No Heart Rate: _____

Biophysical Profile:				
	0	1	2	Fetal Movements
	0	1	2	Fetal Breathing
	0	1	2	Fetal Tones
	0	1	2	Amniotic Fluid Volume

AFI Volume: **Total Biophysical Profile**

_____ _____

_____- Normal _____ **Placental Grading:** I II III

Amniotic Fluid:	**Placenta Position:**		
( ) Normal	( ) Anterior	( ) Rt. Lateral	( ) Marginal
( ) Oligohydramnios	( ) Fundal	( ) Lt. Lateral	( ) Partial _____%
( ) Polyhydramnios	( ) Posterior	( ) Previa	( ) Total

Previous Scans:

Date: EDC:

1. _____
2. _____

EFBW: _____

EFW (Hadlock) _____

EDC by US: _____

GA by US: _____

Cervix: _____

Fetal Anatomy:

Visualized		Not Visualized
( )	4 Chamber Heart	( )
( )	Outflow Tracts R L	( )
( )	Aorta	( )
( )	Kidneys R L Both	( )
( )	Extremities	( )
( )	Bladder	( )
( )	Stomach	( )
( )	Brain Ventricles	( )
( )	Nose/Lips	( )
( )	Spine	( )
( )	3-Vessel Cord / Cord Insertion	( )

Diagnosis After Scan/ Comments: _____

_____

_____

Radiologist Signature: _____