

McLaren Flint
Department of Radiology
Ultrasound of the 1st Trimester Pregnancy

Name: _____ Date ____/____/____ G: ____ P: ____ A: ____

Indication for exam: _____

Severity: ____/10 Duration: _____

LMP: _____ per pt/per exam EDC: _____ per pt/per exam

Previous Surgery/Complications: _____

Previous Exam/Dates: _____

Cervical Length _____ cm

Placenta Position: _____ Grade: _____ Length from placental tip to cx: _____ cm

Fetal Presentation _____ Number _____

AFI _____ FHT _____ bpm

Regular/Irregular/Preg Test: ____ + ____ - ____ ? ____

Birth Control: _____ Hormones: _____

Miscarriage: _____

Uterus: _____

Rt. Ovary: _____

Lt. Ovary: _____

Sac: _____ / _____

Yolksac: _____

CRL: _____ / _____

AGA: _____

EDC: _____

Other: _____

Sonographer: _____

