

McLaren Flint
Department of Radiology
OB ULTRASOUND WORKSHEET INPATIENT

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

Indication for exam: _____

Severity: ____/10 Duration: _____

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

Previous surgery _____

Previous Exam/Dates: _____

Cervical Length: _____ cm

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

Fetal Presentation _____

AFI: _____ FHT: _____ bpm

MEASUREMENTS (Hadlock w/ Brenner Chart)

BPD _____ cm. w _____ d/_____ HC _____ cm. w _____ d/_____

AC _____ cm. w _____ d/_____ FL _____ cm. w _____ d/_____

FL/AC _____ FL/BPD _____ HC/AC _____ CI _____

AGA: _____ weeks _____ days LMP % _____ EFW: _____ --- grams \pm _____ --- grams

EDC by fetal biometry: _____

Additional Comments _____

SONOGRAPHER: _____

