Sonographer Scanning Cheat Sheet: US OB Follow Up

Procedure Overview: A US OB Follow Up ultrasound can be utilized to evaluate missed anatomy, growth, abnormal finding, suspected IUGR, gestational diabetes, and hypertension.

Required Pre-Procedure Prep:

- Drink 32 oz of clear liquids 1 hour prior to appointment and hold bladder.
- Obtain patient verbal consent.
- Obtain patient history including but not limited to symptoms, EDD, and pregnancy complications.
- Instruct patient to lie supine with head slightly elevated.

Proper Probe: Curved array probe with a frequency of 2.5 - 5 MHz that has tri-duplex capabilities.

Protocol for US OB Follow Up (CPT 76816/76817)

**Document pathology with and without measurement in two planes, Sag and Trv measuring the length, height, & width. Be sure to also include images with and without color Doppler.

Cine Clips should be taken to help prove pathology and provide context for Remote Radiologists when appropriate. Please be mindful of not taking too many cine clips, just show what's most important.

MATERNAL PELVIS:

1. Uterus
    a. Long Uterus Mid
    b. Long Right Uterus
    c. Long Left Uterus
    d. Long Right Adnexa (image ovary if visualized)
    e. Long Left Adnexa (image ovary if visualized)
    f. Trans LUS
    g. Trans Uterus
    h. Trans Right Adnexa (image ovary if visualized)
    i. Trans Left Adnexa (image ovary if visualized)
2. Cervix
    a. Long cervix with and without measurement
    b. Long color image at internal os, to evaluate for vasa previa
    c. Long image to evaluate placental location in relation to internal os
    d. If cervical length is less than 3 cm, Long cervix image with fundal pressure with and without measurement
    e. Transvaginal imaging performed if medically needed and/or requested by provider

FETUS:

1. Fetal presentation/position
    a. Long midline uterus
    b. Long midline fundus
2. Amniotic Fluid Index
    a. Long RLQ with measurement
    b. Long RUQ with measurement
    c. Long LUQ with measurement

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    d. Long LLQ with measurement
3. Maximum Vertical Pocket
    a. Deepest pocket of the 4 quadrants can be used for the MVP unless the AFI is low, then a separate MVP should be measured.
4. Placenta
    a. Long Placenta
    b. Trans Placenta
5. Exam for Growth/IUGR
    a. Fetal Measurements (three of each)
        i. BPD (biparietal diameter)
        ii. HC (head circumference)
        iii. AC (abdominal circumference)
        iv. FL (femur length)
    b. Fetal Anatomy
        i. Stomach, Long or Trans
        ii. Right Kidney
            1. Long or coronal image
            2. Trans image
        iii. Left Kidney
            1. Long or coronal image
            2. Trans image
        iv. Urinary bladder, Long or Trans
        v. 4CH (chamber heart)
        vi. Fetal heart rate in M-mode measuring beats per minute
6. Exam for Missed Anatomy or Follow Up of Abnormal Anatomy
    a. Documentation of missed or abnormal anatomy
    b. Fetal Measurements (three of each)
        i. BPD (biparietal diameter)
        ii. HC (head circumference)
        iii. AC (abdominal circumference)
        iv. FL (femur length)
    c. Fetal Anatomy
        i. Stomach, Long or Trans
        ii. Right Kidney
            1. Long or coronal image
            2. Trans image
        iii. Left Kidney
            1. Long or coronal image
            2. Trans image
        iv. Urinary bladder, Long or Trans
        v. 4CH (chamber heart)
        vi. Fetal heart rate in M-mode measuring beats per minute

*****Report any findings on your Comment section in the Report page on the machine using proper sonographic terminology.***

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Anatomy	Normal Measurements
Fetal Heart Rate	110-160 bpm
AFI	8-18 cm
MVP	>2 cm
BPD, HC, AC, FL	Based on GA, reference OB chart
Cervix	>3cm

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