IMAGEN

3rd Trimester ULTRASOUND

Name: _____ Date: _____

Physician: _____ DOB: ____/____/_____ Age: _____

Patient ID: _____ Accn #: _____

Clinical Indications: _____

LMP: _____ EDD: _____

VISUALIZED: GESTATIONS ☐ NONE ☐ SINGLE ☐ MULTIPLE_____

FETAL PRESENTATION ☐ CEPH ☐ BREECH ☐ TRANS

CARDIAC ACTIVITY 4 CH ☐ YES ☐ NO _____ BPM

HEART ☐ YES ☐ NO

3V CORD ☐ YES ☐ NO _____ S/D RATIO

NORMAL FLUID ☐ YES ☐ NO _____ AFI

STOMACHH/KID/BLADDER ☐ Seen ☐ Not Seen

PLACENTA LOCATION ☐ ANTERIOR ☐ POSTERIOR ☐ FUNDAL

☐ HIGH ☐ LOW

PLACENTAL GRADE _____

PREVIA ☐ No ☐ Yes ☐ PARTIAL/MARGINAL

Measurements:

AC _____

FL _____

HC _____

BPD _____

GA by US: _____

Estimated Fetal Weight:

lb oz

Additional Comments: _____

_____

Sonographer: _____ Contact #: _____