IMAGEN

1st Trimester Ultrasound Worksheet

Date: Patient Name:_____ ID#_____

LMP: _____ Accn#: _____

Prior U/S: _____ Exam Type: ☐ **TA** ☐ **TV**

History/Symptoms: _____

_____

Gestational Age by LMP: _____wks _____days **AUA:** _____wks _____days

Uterus	**Description**
Uterus: _____x_____x_____cm	
Endo. (if measured): _____cm	
Cervix:	
Cul-de-sac/Free fluid:	

Fetal Number: Single ☐ Multiple_____ **G** **P** **A**

Fetus/ Gestation		**A**	**B**	**C**
Gest. Sac:	Y N	cm= w d	cm= w d	cm= w d
CRL:	Y N	cm= w d	cm= w d	cm= w d
Yolk Sac:	Y N	cm= w d	cm= w d	cm= w d
FHM:	Y N	bpm	bpm	bpm

Only measure gestational sac if fetal pole is not present

Adnexa:		**Description:**
Right ovary:	x x cm	
Right adnexa:	☐ WNL ☐ Abnormal	
Left ovary:	x x cm	
Left adnexa:	☐ WNL ☐ Abnormal	

Suspicious for ectopic ? ☐ **Notified Nurse/Physician** _____

☐ **Notified Radiologist** _____

Additional Comments:

Sonographer Name: Contact Phone Number: