IMAGEN

# OB Ultrasound Worksheet

Patient Name: _____ MRN/DOB: _____

LMP: _____ Provider: _____

Prior U/S: _____ Fetal number: _____

History/Symptoms: _____

_____

**Gest. Age by LMP:** _____weeks _____days **AUA:** _____weeks _____days

**Fetal Number:** Single ☐ Multiple _____

| | A | B | C |
|---|---|---|---|
| **BPD** | cm= W D | cm= W D | cm= W D |
| **HC** | cm= W D | cm= W D | cm= W D |
| **AC** | cm= W D | cm= W D | cm= W D |
| **FL** | cm= W D | cm= W D | cm= W D |
| **FHR** | + | + | + |
| **EFBW** | grams | grams | grams |
| **EFWG (%)** | % | % | % |
| **Fetal Presentation** | Cephalic ☐ Breech ☐ Transverse ☐ | Cephalic ☐ Breech ☐ Transverse ☐ | Cephalic ☐ Breech ☐ Transverse ☐ |

| | | | | | |
|---|---|---|---|---|---|
| **Placenta location:** | Anterior ☐ | Posterior ☐ | Fundal ☐ | Maternal right ☐ | Maternal left ☐ |
| **Placenta grade:** | 0 ☐ | 1 ☐ | 2 ☐ | 3 ☐ | |
| **Previa:** | Free of OS ☐ | Marginal ☐ | Partial ☐ | Complete ☐ | |

**Cervix closed?** ◯Y ◯N

_____cm

| | | | |
|---|---|---|---|
| **Amniotic Fluid:** | Normal ☐ | Increased ☐ | Decreased ☐ |

| | |
|---|---|
| **AFI:** | cm |
| **Largest Pocket:** | cm |

| Fetal Anatomy | Visualized? |
|---|---|
| Intracranial structures | ◯Y ◯N |
| Facial structures | ◯Y ◯N |
| Thoracic/ Cardiac structures | ◯Y ◯N |
| Abdominal structures | ◯Y ◯N |
| Umbilical cord/ Cord insertion | ◯Y ◯N |
| Spine | ◯Y ◯N |

| | |
|---|---|
| **Right ovary:** _____x_____x_____cm | **Right adnexa:** |
| **Left ovary:** _____x_____x_____cm | **Left adnexa:** |

Comments:

Sonographer Name: Phone: