

This is **NOT** an interpretation of the examination.
See patient dictated report for radiologist findings & impression.

First Trimester Sonogram

Patient Name:
MR #:
Acct #:
DOB:

Exam Date _____
Sonographer _____

Patient history: _____

LMP _____

beta HCG _____

Uterus: appears normal / abnormal L _____ AP _____ W _____

IUP seen? Yes / No Possible Ectopic? Yes / No Location _____

Comments _____

OB Measurements

Clinical: MA _____ EDD _____

Ultrasound: MA _____ EDD _____

CRL _____ FHR _____ bpm Yolk Sac _____

Right Ovary: appears normal / abnormal L _____ AP _____ W _____

Blood Flow seen? Yes / No Ovary Volume _____

Comments _____

Left Ovary: appears normal / abnormal L _____ AP _____ W _____

Blood Flow seen? Yes / No Ovary Volume _____

Comments _____

Adnexa: Right _____ Left _____

Free Fluid seen? Yes / No Location _____

Comments: _____