

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

## 2<sup>nd</sup> & 3<sup>rd</sup> TRIMESTER OB ULTRASOUND

Patient Name:	_____
ACC#:	_____
MRN#:	_____
DOB:	_____
Ref Physician:	_____

Site: \_\_\_\_\_  
Tech/ext: \_\_\_\_\_  
Date: \_\_\_\_\_

LMP: \_\_\_\_\_ Prior US date: \_\_\_\_\_ GA by prior US: \_\_\_\_\_ EDD by prior US: \_\_\_\_\_

<b>Fetal Presentation:</b>	Breech Cephalic Transverse	<b>Situs:</b>	Solitus Inversus
<b>Placental Location:</b>	Anterior Posterior Fundal	<b>Placental Grade:</b>	0 1 2 3
<b>Placental Previa:</b>	Present Not Present	<b>Cervical Length:</b>	_____cm
<b>Placental Cord Insertion:</b>	Visualized Not Visualized		Central Marginal Velamentous
<b>Umbilical Cord Insertion:</b>	Visualized Not Visualized		
<b>Amniotic Fluid:</b>	Normal Increased Decreased		
<b>Cerebral Ventricles:</b>	Visualized Not Visualized		
<b>Choroid Plexus:</b>	Visualized Not Visualized		
<b>Cerebellum:</b>	Visualized Not Visualized		
<b>Cisterna Magna:</b>	Visualized Not Visualized		
<b>Cavum Sept. Pelluc.:</b>	Visualized Not Visualized		
<b>Nose/lips:</b>	Visualized Not Visualized		
<b>Cardiac Motion:</b>	Visualized Not Visualized	<b>FHR:</b>	_____bpm
<b>4 Chamber Heart:</b>	Visualized Not Visualized		
<b>Fetal Stomach:</b>	Visualized Not Visualized		
<b>Kidneys:</b>	Visualized Not Visualized		
<b>Bladder:</b>	Visualized Not Visualized		
<b>Abdominal Wall:</b>	Visualized Not Visualized		
<b>3 Vessel Cord:</b>	Visualized Not Visualized		
<b>Entire Lower Ext:</b>	RT Visualized Not Visualized	LT	Visualized Not Visualized
<b>Entire Upper Ext:</b>	RT Visualized Not Visualized	LT	Visualized Not Visualized
<b>Fetal Spine:</b>	Visualized Not Visualized		
<b>Estimated Fetal Age by US:</b>	_____	<b>Est. Fetal Weight:</b>	_____
<b>EDD by US:</b>	_____		

Tech Comments:

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