

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

### 1<sup>st</sup> TRIMESTER OB ULTRASOUND

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

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

Clinical Information: LMP:\_\_\_\_\_ GA by LMP:\_\_\_\_\_ EDD by LMP:\_\_\_\_\_

Uterus: Normal Abnormal L\_\_\_\_\_AP\_\_\_\_\_W\_\_\_\_\_

OB findings: Gestational Sac: \_\_\_\_\_cm \_\_\_\_\_w\_\_\_\_\_d

Yolk Sac: Visualized Not Visualized

CRL: \_\_\_\_\_cm \_\_\_\_\_w\_\_\_\_\_d

FHR: \_\_\_\_\_bpm EDD by US:\_\_\_\_\_

RT Ovary: Normal Abnormal L\_\_\_\_\_AP\_\_\_\_\_W\_\_\_\_\_

LT Ovary: Normal Abnormal L\_\_\_\_\_AP\_\_\_\_\_W\_\_\_\_\_

Adnexa: RT: LT:

Free Fluid: Location, if visualized

Tech Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_