

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

PLACENTA

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

Site:	_____
Tech/ext:	_____
Date:	_____

Prior uterine surgery (including cesarean): Yes No

Placental location: anterior posterior fundal _____

Placental grade: 0 1 2 3

Retroplacental hypoechoic clear zone: intact disrupted indeterminate

Bladder wall / uterine interface: intact disrupted indeterminate

Placental lacunae (vascular spaces): present absent

Placenta previa: present absent

CDI of uterine serosa near bladder wall: normal hypervascular

TECH COMMENTS:
