

Patient name: _____
 Patient number: _____
 Ultrasound performed by: _____

1st Trimester Ultrasound Worksheet

Date _____	Time _____
Examining sonographer _____	

Patient details	
Name	_____
Address	_____ _____ _____
Date of birth	_____

Last normal menstrual period (LNMP)	
Estimated due date by LNMP	_____
Previous ultrasound?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Ultrasound findings	
Examination type	<input type="checkbox"/> Transabdominal <input type="checkbox"/> Transvaginal
Gestational sac	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single <input type="checkbox"/> Multiple
Mean sac diameter	mm _____ Gestation = _____
Yolk sac seen	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fetal pole seen	<input type="checkbox"/> Yes <input type="checkbox"/> No Length = _____
Fetal heart motion (FHM) seen	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fetal heart rate	BPM = _____
Peri-gestational bleed	<input type="checkbox"/> Yes <input type="checkbox"/> No Size = _____
Gestational age by this ultrasound	_____ Weeks _____ Days
Estimated due date by this ultrasound	_____
Retained products of conception?	<input type="checkbox"/> Yes <input type="checkbox"/> No Size = _____ <input type="checkbox"/> N/A

Patient name: _____
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 Ultrasound performed by: _____

2nd Trimester Ultrasound Worksheet

Age _____ G _____ P _____

LMP _____ ∴ Gestation _____ W _____ D _____

Fetal Number _____

BPD	
_____ cm	_____ D
W _____	D _____

HC	
_____ cm	_____ D
W _____	D _____

AC	
_____ cm	_____ D
W _____	D _____

FL	
_____ cm	_____ D
W _____	D _____

AVERAGE US GESTATIONAL AGE
 W _____ D _____

Does this correspond with EDD
 YES / NO
 IF NO – COMMENT BELOW

COMMENTS

E.D.D _____
 Placental Position _____
 Distance from OS _____ cm
 Clear of OS Yes / No _____ cm
 Cervix / OS Closed / Open _____
 Cervical Length _____ cm

LIQUOR VOLUME

Normal / Increased / Decreased
 Rt Adnexa
 Lt Adnexa

ANATOMICAL SURVEY

HEAD

Skull Bones
 Falx/CSP
 Ventricles
 Choroid
 Cerebellum
 Cisterna Mag.
 Nuchal Fold _____ mm

FACE

Orbits
 Nose/Lips
 Palate
 Mandible
 Profile

CARDIAC

4 Chambers
 AV Valves
 Symmetry
 LVOT
 RVOT
 Aortic Arch
 Ductal Arch
 FH Motion _____ bpm

SPINE

Oss. Centres
 Skinline

CHEST

Diaphragm
 Lung

ABDOMEN

Stomach LT
 Kidneys RT
 Kidneys LT
 Bladder
 Bowel
 Ant. Abdo Wall

EXTREMITIES

Arms
 Hands/Digits
 Legs
 Feet/Digits

UMBILICAL CORD

Insert
 3 Vessels

Patient name: _____
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3rd Trimester Ultrasound Worksheet

Age _____ G _____ P _____
 LMP _____ ∴ Gestation _____ W _____ D _____
 Fetal Number _____ E.D.D _____

BPD	
_____	cm
W _____	D _____

HC	
_____	cm
W _____	D _____

AC	
_____	cm
W _____	D _____

FL	
_____	cm
W _____	D _____

LIQUOR VOLUME
 Normal / Increased / Decreased

AFI _____

LIQUOR VOLUME
 Normal / Increased / Decreased
 Rt Adnexa
 Lt Adnexa

UMBILICAL ARTERY
 SD Ratio _____
 Fetal Heart Motion _____ bpm
 Fetal Breathing Noted
 Fetal Activity Noted
 Kidneys Bladder

AVERAGE US GESTATIONAL AGE
 W _____ D _____

ESTIMATED FETAL WEIGHT
 _____ grams

Does this correspond with EDD
 YES / NO
 IF NO – COMMENT BELOW
COMMENTS

FETAL POSITION (DIAGRAM)