1st Trimester OB US Technologist Worksheet

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Optimal Forbes Southside Clay Man Patient Name:					I:		Age:	
History/Sympto	ms:							
Pelvic Pain Nausea		Vaginal Bleeding		Vagii	nal Discharge	Trauma	a Confirm Pregnancy	
R L	Vomiting	, Heav	Heavy Bleeding		aking Fluid	Prior Ectopic	Assess Fetal Viability	
LMP	G	# Spont Abort:		Preg	Positive	Pending	Transabdominal Scan	
Р		# Elect Abort:		Test	Not Ordered	Quant	Endovaginal Scan	
Gestational Sac Y		N M	MSD		EGA	EGA	Estimated Date	
Yolk Sac	Y	N CI	RL	mm	(by LMP)	(by AUA)	of Delivery	
Fetal PoleYCardiac ActivityY		N Hrt N	Hrt Rate		wk d	wk d	/ /	
UTERUS		х	x	cm	anteverted retroverted	anteflexed retroflexed	Cervix closed opened	
RT OVARY/ADNEXA		х	X	cm	flow present	flow absent	poorly visualized	
LT OVARY/AI	DNEXA	х	Х	cm	flow present	flow absent	poorly visualized	
Other Findings:								

FREE FLUID	none	trace	small	moderate	large

Gestational sac should be seen by bHCG 3000 and EGA 4.5-5.0 wks.

<u>Findings diagnostic of failed pregnancy</u>: no heartbeat \geq 7 mm CRL, no embryo \geq 25 mm MSD, absent embryo with heartbeat \geq 2 wks after US showed gestational sac without yolk sac, absence of embryo with heartbeat \geq 11 days after US showed gestational sac with yolk sac.

Findings suspicious for failed pregnancy: no heartbeat 5 or 6 mm CRL, no embryo 16-24 mm MSD, absence of embryo with heartbeat 7–13 days after US showed gestational sac without yolk sac, absence of embryo with heartbeat 7–10 days after US showed gestational sac with yolk sac, absence of embryo 6 or more weeks after last menstrual period, empty amnion, >7 mm yolk sac, <5 mm difference between MSD and CRL.

Sonographer's Impression:

Sonographer's Name, Date & Time:

Images

Not Intended for Treatment Planning

MI-0628 (Revised 3/2024)

Tech Wrksht - "1st Trimester OB US Chrtform"