Neonatal Head US Technologist Worksheet

| St Vincents | Riverside | Southside | Clay | St Johns | Imagin | ng Center | Arlington ER | Wes | stside ER | | |
|-------------------|---------------|-------------|-------|----------|---------|-----------|-----------------|------|-----------------------|--|--|
| Optimal F | Forbes Sou | thside Clay | y Man | darin W | estside | St Johns | Town Center | Ora | nge Park | | |
| Patient Name: | nt Name: MMI: | | | | | | | Age: | | | |
| History/Symptoms: | | | | | | | EGA (by LMP) | | Head Circumference | | |
| | | | | | | | wk | d | cm | | |

Germinal Matrix Hemorrhage

The germinal matrix has matured by 34 weeks gestation, such that hemorrhage becomes very unlikely after this age.

Most GMHs occur in the first week of life.

Grade 1 - Hemorrhage confined to the caudothalamic groove.

Grade 2 - Hemorrhage extending into the lateral ventricles without dilatation.

Grade 3 - Hemorrhage extending into the lateral ventricles with dilatation.

Grade 4 - Grades 1-3 with extension of hemorrhage into the brain parenchyma.

Periventricular Leukomalacia

Normally the echogenicity of the periventricular white matter should be less than the echogenicity of the choroid plexus.

PVL occurs most commonly in premature infants born at less than 33 weeks gestation (38% PVL) and less than 1500 g birth weight (45% PVL).

Grade 1 - Increased periventricular echogenicity persisting for more than 7 days.

Grade 2 - Increased periventricular echogenicity developing into small periventricular cysts.

Grade 3 - Increased periventricular echogenicity developing into extensive periventricular cysts in the occipital and frontoparietal regions.

Grade 4 - Increased periventricular echogenicity in the deep white matter developing into extensive subcortical cysts.

Other Findings:

Sonographer's Impression:

Sonographer's Name, Date & Time:

Images

Not Intended for Treatment Planning

MI-0626 (Revised 3/2024) Tech W:

Tech Wrksht - "Neonatal Head US Chrtform"