OB 1st Trimester Pelvic Ultrasound Worksheet

History:

- ❑ Pregnancy Test → ☐ Positive bHCG: _____
- ❑ Pain ☐ Mass ☐ Prior Ectopic
- ❑ Vaginal Bleeding ☐ Trauma ☐ Oophorectomy
- ❑ Nausea/Vomiting ☐ Other: ☐ C-Section

Technique:

- ☐ Transabdominal
- ☐ Transvaginal

LMP	EGA	
Gestation	❑ IUP ❑ No IUP	**Fetal Pole:** ☐ Y ☐ N **Fetal Yolk Sac:** ☐ Y ☐ N size: _____mm **Fetal Number:** _____ **Fetal Heart Rate:** _____ BPM **CRL:** _____cm _____wks _____days **MSD** : _____cm _____wks _____days **Placenta**: **Bleed:** ☐ Y ☐ N Location: _____ Subchorionic Other _____
Uterus	❑ Anteverted	Size: (cm)
	❑ Anteflexed	
	❑ Retroverted	
	❑ Retroflexed	
	❑ Mass	
Endometrium	❑ Fluid	Thickness: (mm)
Right Ovary	❑ Arterial Flow	
	❑ Venous Flow	
	❑ Complex Cyst	
Left Ovary	❑ Arterial Flow	
	❑ Venous Flow	
	❑ Complex Cyst	
Adnexa	❑ Mass	Size (cm):
Free Fluid	❑ Absent ❑ Present	Location /Complex / Amount

Technologist: **Date:** **Time:**

SYNERGY RADIOLOGY ASSOCIATES