

US OB 1ST TRI (COMPLETE)

0 TO 14 WKS

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ___/___/___

SEX: M / F

ACUTE HX (location, duration, severity) :

LMP: _____

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

PROBE	TA		·	TV		·	TA/TV		
UTERUS	Normal	Abnormal						Size : ___ cm x ___ cm x ___ cm	
		Normal	Absent	Abnormal	Size : ___ cm x ___ cm x ___ cm				
Not Visualized	Size : ___ cm x ___ cm x ___ cm								
LEFT OVARY	Normal	Absent	Abnormal	Size : ___ cm x ___ cm x ___ cm					
		Not Visualized		Size : ___ cm x ___ cm x ___ cm					
CUL-DE-SAC FLUID	YES · NO								
OTHER									

GEST SAC	_____ cm
YOLK SAC	+ -
EMB/FETAL POLE	+ -
CRL	_____ cm
CARDIAC MOTION	+ -
FETAL HR	_____ bpm

EGA	___ wks ___ days
EDD	___/___/___

DOPPLER
Intact Bilaterally · Absent Right · Absent Left

Tech Summary:
