US OB 1ST TRI (LIMITED)

0 TO 14 WKS

DATE: _____/_____/ _____

TECH: _____

ID #: _____

PATIENT NAME: _____ **DOB:** ____/____/____ **SEX:** M / F

UPDATED 5/22/23 - RT

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	
RIGHT OVARY	Normal	Absent / Not Visualized	Abnormal	Size :_____cm x_____cm x_____cm
LEFT OVARY	Normal	Absent / Not Visualized	Abnormal	Size :_____cm x_____cm x_____cm
CUL-DE-SAC FLUID	YES · NO			
OTHER				

PREGNANCY details below (IF IUP OR EUP IDENTIFIED)

Tech Summary: _____