This worksheet is solely for the purpose of recording preliminary data and does not constitute a final report of any kind.

OB SURVEY CALL-BACK ULTRASOUND (CBU)

PATIENT NAME: _____ MR#_____
DATE: _____ TECH INITIAL: _____ EXT: _____
FACILITY: MWH / MIF / ICW / MILH / MINS / MIKG / SH

TECHNIQUE: [ ] Transabdominal [ ] Transvaginal [ ] Translabial [ ] Duplex/doppler [ ] 3-Dimensional

INDICATION: To complete the parameters that were not able to be assessed on the previously performed anatomical survey on ____/____/_____. Today, the estimated gestational age is _____weeks_____days, based on the given clinically established EDD* of _____/_____/_____. *(Based on ACOG guidelines: 0w-14w0d= +/- 7days; 14w1d-20w0d= +/-10 days; 20w1d-27w0d= +/-14 days; 27w1d-term= +/-21days)

FINDINGS: The following areas were assessed on today's exam:
(Please check all applicable boxes)

Parameters assessed (select all appropriate):	**WNL** (within normal limits)	**UA** (unable to assess)	**ABN** (Abnormal)
[ ] Extremities Present	[ ]	[ ]	[ ]
[ ] Stomach	[ ]	[ ]	[ ]
[ ] Kidneys	[ ]	[ ]	[ ]
[ ] Bladder	[ ]	[ ]	[ ]
[ ] Three Vessel Cord	[ ]	[ ]	[ ]
[ ] Cord Insertion	[ ]	[ ]	[ ]
[ ] Four Chamber Heart	[ ]	[ ]	[ ]
[ ] Right Ventricular Outflow Tract	[ ]	[ ]	[ ]
[ ] Left Ventricular Outflow Tract	[ ]	[ ]	[ ]
[ ] Sagittal Face/Profile/Nasal Bone	[ ]	[ ]	[ ]
[ ] Coronal Face	[ ]	[ ]	[ ]
[ ] Cerebral Ventricles	[ ]	[ ]	[ ]
[ ] Choroid Plexus	[ ]	[ ]	[ ]
[ ] Cerebellum	[ ]	[ ]	[ ]
[ ] Cisterna Magna	[ ]	[ ]	[ ]
[ ] Spine	[ ]	[ ]	[ ]
[ ] Diaphragm	[ ]	[ ]	[ ]
[ ] Situs (heart and stomach on left)	[ ]	[ ]	[ ]
CHROMOSOMAL MARKERS:			
Nuchal thickening (≤ 5mm, BPD <50mm)	[ ]	[ ]	[ ]
[ ] Nuchal thickening not applicable BPD is greater than 50mm			
[ ] Structural defect	[ ]	[ ]	[ ]
[ ] Echogenic Intracardiac Focus	[ ]	[ ]	[ ]
[ ] Echogenic Bowel	[ ]	[ ]	[ ]
[ ] Pyelectasis (4mm or greater)	[ ]	[ ]	[ ]
[ ] Short humerus	[ ]	[ ]	[ ]
[ ] Short femur	[ ]	[ ]	[ ]

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PATIENT NAME: _____ MRN: _____

Fetal Heart Activity **(choose one)**: [ ] Present; fetal heart rate _____ bpm. [ ] Not Present [ADD DICTATION]

IMPRESSION: *Preliminary findings/impression subject to radiologist review.*
[ ] Completed OB survey with no concerning features as detailed above.

[ ] No concerning features identified; we have scheduled the patient to return for another attempt to complete the fetal survey. An addendum will follow.
[ ] No definite concerning features identified, as detailed above. The _____ could not adequately be assessed despite second repeated attempt for imaging. OB survey completed.

[ ] Abnormal OB survey as detailed above. **** [ADD DICTATION]****