

BLANK REPORT TEMPLATE

Complete the applicable fields for the examination performed.

Obstetric Ultrasound / Morphology

Date: _____

Patient _____

Identifier _____

Examination context

Indication and examination type: _____

Technique and image quality: _____

Established gestational age, EDD and dating basis: _____

Number of fetuses: _____

Chorionicity / amnionicity if multiple: _____

Fetal identifier and presentation: _____

Biometry

Biparietal diameter (BPD): _____ mm

Head circumference (HC): _____ mm

Abdominal circumference (AC): _____ mm

Femur length (FL): _____ mm

Estimated fetal weight: _____ g

Formula, chart, centile and comparison: _____

Fetal heart rate: _____ beats/min

Anatomy assessed

Cranium, brain and face: _____

Spine: _____

Thorax and cardiac views: _____

Abdominal wall, stomach and cord insertion: _____

Kidneys and urinary bladder: _____

Limbs: _____

Placenta and maternal observations

Placental location and relationship to cervix: _____

Amniotic fluid assessment and method: _____

Cervix: assessment method and findings: _____

Maternal uterus / adnexa and other findings: _____

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Complete the applicable fields for the examination performed.

Conclusion

Incomplete views and limitations: _____

Impression: _____

Follow-up and communication: _____

Clinician: _____

Signature: _____