

NUCHAL TRANSLUCENCY ULTRASOUND

Name:

Sonographer:

LNMP://

Established gestational age:wd By: (circle) LMP Previous US

Established EDD: / /

Relevant clinical history:.....
.....

MORPHOLOGY

- | | | |
|---|--------------------------------|-------------------------------------|
| <input type="checkbox"/> Skull bones | <input type="checkbox"/> Arms | <input type="checkbox"/> Spine |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Hands | <input type="checkbox"/> Stomach |
| <input type="checkbox"/> Abdominal wall | <input type="checkbox"/> Legs | <input type="checkbox"/> Nasal bone |
| <input type="checkbox"/> Bladder mm | <input type="checkbox"/> Feet | <input type="checkbox"/> Heart |

Cardiac activity Yes / No.....bpm

Subchorionic haemorrhage Yes / No

Placental site:

Cervix: Open / Closed Length: cm

Maternal Adnexae: NAD Yes / No

Maternal Kidneys: NAD Yes / No

Nuchal Translucency:.....mm

Faxed to VCGS Lab: Yes / No Pt weight: kg

BIOMETRY

CRL:mm =wd U/S AGE (based on CRL):w..... d

BPD:mm =wd

HC:mm =wd Fetal biometry concordant with
AC:mm =wd expected gestational age: Yes / No

FL:mm =wd

Comments:
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