

Patient I.D.	Sonographer	Consent for transvaginal scan Y/N
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Clinical Indication/History

EDD/...../..... based on (the LMP/ the previous US/ dates provided/ IVF transfer date)

Assumed Gestational Age :w.....days

First Trimester Scan

A transabdominal (**and transvaginal**) examination have been performed. There is a single gestational sac located within the uterine cavity, **containing a single fetus/ A foetal pole was not identified.**

The mean gestational sac diameter ismm, corresponding toweeksdays.

The CRL measuresmm, corresponding to a gestational age ofweeksdays. This is **within/less than/greater than** the normal range for the assumed gestational dates.

Foetal heart Rate was recorded atbpm.

A normal yolk sac was seen measuring mm.

There is **no evidence/evidence** of an extramembranous haemorrhage (**measuringx.....x.....mm=.....cc**)

The placenta is **developing on thewall / not visible at this stage.**

The uterus is **anteverted/retroverted** and midline. No abnormality was identified in the uterine wall.

The ovaries are normal in appearance with the corpus luteal cyst located in the **left/right** ovary/ **not identified.**

Comment

There is a single live intrauterine gestation ofweeks.....days.

(If more than 4 days different from the assumed dates add – **This is discordant with assumed dates. The EDD based on todays study is/..../.....**)