

THIRD TRIMESTER WORKSHEET

Patient I.D.	Sonographer
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SCAN QUALITY _____

Clinical Indication

LMP / Prev U/S _____ Predicted Gest Age ____w ____d & EDD _____

<u>Placenta</u> <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Fundal <input type="checkbox"/> Clear (>2cm) <input type="checkbox"/> Low <input type="checkbox"/> Covering Cervical Length _____mm	<u>Foetal Lie</u> Foetal spine to maternal: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior	<u>Foetal Presentation</u> <input type="checkbox"/> Cephalic <input type="checkbox"/> Breech <input type="checkbox"/> Frank <input type="checkbox"/> Complete <input type="checkbox"/> Footling
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GROWTH PARAMETERS

BPD _____mm = _____weeks _____days Heart rate _____ bpm

HC _____mm = _____weeks _____days

AC _____mm = _____weeks _____days

FL _____mm = _____weeks _____days

Mean U/S Age ____w ____d

Estimated Foetal Weight _____grams

Umbilical Artery Ratio _____ (see graph overleaf)

AFI _____mm (see graph overleaf)

EDD by U/S concordant with prev. data: Yes / No / None available _____

Third Trimester Foetal Anatomy

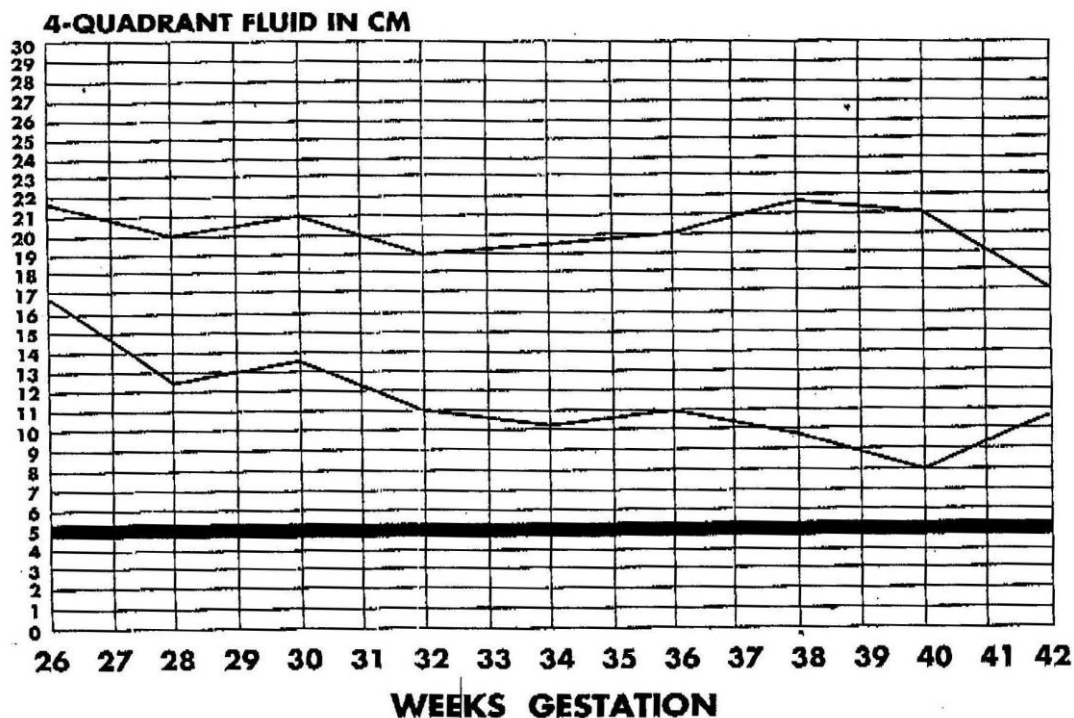
<input type="checkbox"/> Brain	<input type="checkbox"/> Kidneys
<input type="checkbox"/> Face	<input type="checkbox"/> Bladder
<input type="checkbox"/> Spine	<input type="checkbox"/> Abdominal Wall
<input type="checkbox"/> Four Chamber Heart	<input type="checkbox"/> Stomach
<input type="checkbox"/> Diaphragm	

Comments

GRAPHS

Amniotic Fluid Index (AFI) values for normal pregnancy.

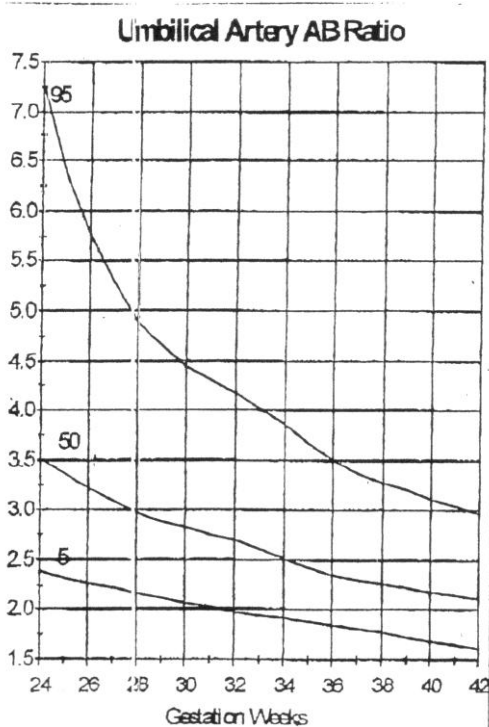
Four-Quadrant Amniotic Fluid Index



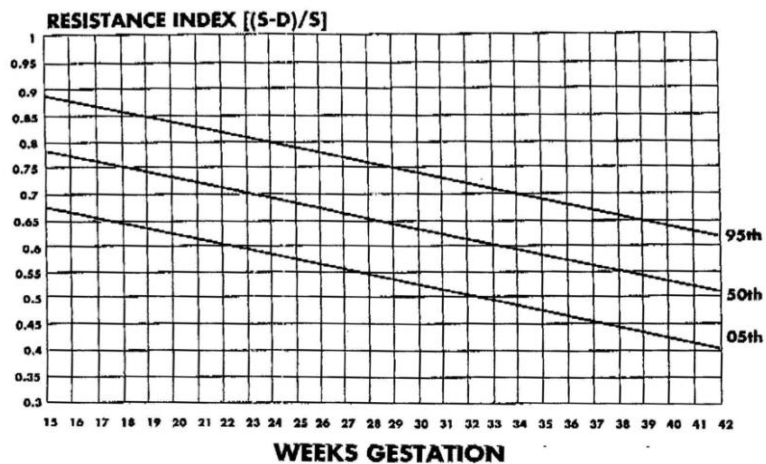
SOURCE: Jeffrey Phelan M.D.

UMBILICAL ARTERY DATA

Graph from 1988 BRJ Obstet & Gyn



Umbilical Artery Doppler Resistance Index



SOURCE: Gregory DeVore M.D.