

Early Pregnancy Ultrasound Scan Template

Patients NAME/MRN	Date of scan
DOB	
Name of sonographer	
Indication for ultrasound	
Date of referral	
Ultrasound Machine	<input type="checkbox"/> Transabdominal <input type="checkbox"/> Transvaginal
View	<input type="checkbox"/> Sufficient <input type="checkbox"/> Good view <input type="checkbox"/> Suboptimal view
Previous History	Gravida Parity Previous CS <input type="checkbox"/> Yes <input type="checkbox"/> No Previous EP <input type="checkbox"/> Yes <input type="checkbox"/> No Previous uterine surgery <input type="checkbox"/> Yes <input type="checkbox"/> No

Dating		Pregnancy	
LMP		Date of first positive UPT	
Cycle	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Uncertain <input type="checkbox"/> Unknown	Number of fetuses	
Cycle length in days		Type of gestation	<input type="checkbox"/> Singleton pregnancy <input type="checkbox"/> Twin pregnancy <input type="checkbox"/> Triplet pregnancy
Agreed dating			

Assessment	
Number of gestational sacs	<input type="checkbox"/> Visualised <input type="checkbox"/> Not visualised <input type="checkbox"/> Uncertain <input type="checkbox"/> Too early to identify
Location of gestational sac	<input type="checkbox"/> Intrauterine normally sited <input type="checkbox"/> Intrauterine abnormally sited <input type="checkbox"/> Probably intrauterine (too early to determine) <input type="checkbox"/> Uncertain location <input type="checkbox"/> Not applicable <input type="checkbox"/> Mean gestational sac diameter (MGSD)
Presence/absence – yolk sac (mandatory)	<input type="checkbox"/> Visualised <input type="checkbox"/> Not visualised <input type="checkbox"/> Uncertain <input type="checkbox"/> Not applicable
Presence/absence – embryo	<input type="checkbox"/> Visualised <input type="checkbox"/> Not visualised <input type="checkbox"/> Uncertain <input type="checkbox"/> Not applicable
Presence/absence – cardiac activity	<input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Not applicable <input type="checkbox"/> Uncertain <input type="checkbox"/> Too early to determine
Fetal heart rate recorded (M mode)	
Crown rump length in mm	

Pelvic Anatomy			
Uterus	<input type="checkbox"/> Anteverted	Cervix	<input type="checkbox"/> Visualised
	<input type="checkbox"/> Retroverted		<input type="checkbox"/> Not visualised
<input type="checkbox"/> Axial		If visualised	<input type="checkbox"/> normal
<input type="checkbox"/> Other		<input type="checkbox"/> polyp noted	<input type="checkbox"/> cerclage visualised
		<input type="checkbox"/> hypervascularity	<input type="checkbox"/> increased echogenicity
Endometrial thickness (mm)			

Ovary			
Right	<input type="checkbox"/> Visualised <input type="checkbox"/> Not visualised If visualised <input type="checkbox"/> appears normal <input type="checkbox"/> appears abnormal Corpus Luteum <input type="checkbox"/> present <input type="checkbox"/> Not present	Left	<input type="checkbox"/> Visualised <input type="checkbox"/> Not visualised If visualised <input type="checkbox"/> appears normal <input type="checkbox"/> appears abnormal Corpus Luteum <input type="checkbox"/> present <input type="checkbox"/> Not present

Adnexa			
Right	<input type="checkbox"/> Visualised <input type="checkbox"/> Not visualised If visualised <input type="checkbox"/> appears normal <input type="checkbox"/> appears abnormal	Left	<input type="checkbox"/> Visualised <input type="checkbox"/> Not visualised If visualised <input type="checkbox"/> appears normal <input type="checkbox"/> appears abnormal
Pouch of Douglas free fluid	<input type="checkbox"/> Visualised <input type="checkbox"/> Not visualised If visualised <input type="checkbox"/> anechoic <input type="checkbox"/> echogenic <input type="checkbox"/> mixed echogenicity	Other findings	

Scan Report conclusion	
Diagnosis from ultrasound	
<input type="checkbox"/> Complete TOP <input type="checkbox"/> Incomplete TOP <input type="checkbox"/> Viable intrauterine pregnancy <input type="checkbox"/> Pregnancy of uncertain viability <input type="checkbox"/> Missed miscarriage <input type="checkbox"/> Incomplete miscarriage	<input type="checkbox"/> Complete miscarriage <input type="checkbox"/> Pregnancy of unknown location <input type="checkbox"/> Probable ectopic pregnancy <input type="checkbox"/> Definite ectopic pregnancy <input type="checkbox"/> Probable molar pregnancy
Plan for follow up	
<input type="checkbox"/> For medical review <input type="checkbox"/> Serum β -hCG <input type="checkbox"/> Repeat ultrasound recommended	<input type="checkbox"/> Routine dating scan <input type="checkbox"/> Discharged from EPU <input type="checkbox"/> Copy of report sent to GP
Comment	
Sign off final report/name(s)/grade(s)	
Second sign off/second opinion (if relevant)	

Images	
Include in report	<p>Image of gestational sac</p> <p>Image of embryo/fetal pole if present</p> <p>Image of CRL with measurement</p> <p>Image of any pathology if present</p>
Store and archive	<ul style="list-style-type: none"> • 'Global' view of uterus and bladder/adnexa showing the gestational sac in the uterus and in the endometrial cavity • Gestational sac with measurements if no embryo/fetal pole present • Yolk sac • Embryo/fetal pole if present • CRL with measurement if embryo/fetal pole present • Cardiac activity (using M Mode) • Right ovary – measurements in 3 planes (displayed in split screen) • Right ovarian cyst with measurements (if present) and image with colour (e.g. to show it is a corpus luteal cyst if has peripheral vascularity) • Left ovary – measurements in 3 planes (displayed in split screen) • Left ovarian cyst with measurements (if present) and image with colour as above • Pouch of Douglas • Any other pathology (e.g. adnexal masses) • If multiple pregnancy: CRL x 2 measurements and cardiac activity x 2 • Image of both gestational sacs containing yolk sac(s) to demonstrate how chorionicity has been diagnosed