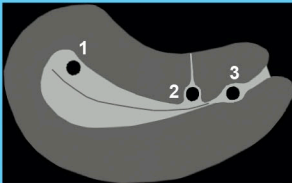
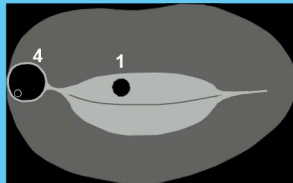


Gravida	Para	LMP	Blood Group / Rhesus	β-HCG (if done)
History				

Reference Material						Questions		Findings				
<p>LS Uterus: Fan from side-to-side</p> <p>Potential Pitfalls</p> <ol style="list-style-type: none"> Normal pregnancy C-Scar ectopic Cervical ectopic 				<p>TS Uterus: Fan from the Fundus through to Cervix</p> <p>Potential Pitfalls</p> <ol style="list-style-type: none"> Normal pregnancy Cornual ectopic 				<p>Uterus, cervix and vagina must be in continuity. Ensure the GS is intrauterine; ectopic pregnancies may form masses that look like the uterus</p>	<p>Transvaginal (TV) view</p>	Adequate	Inadequate	Not Done
						<p>Transabdominal (TA) view</p>	Adequate		Inadequate	Not Done		
Gestation (weeks)	β-HCG (Varies by laboratory)	US Appearance	Gestation Sac (GS) (mm)	Crown Rump Length (mm) (CRL)	Notes	Intrauterine Pregnancy	<p>Intrauterine Pregnancy (IUP)</p>		Confirmed	Not Confirmed		
							<p>Mean Sac Diameter</p>		_____ mm			
4	40-4480	●	2 (at 4+3)	N/A	Must have YS to confirm IUP	<p>You must see a yolk sac or embryo to confirm an IUP; the pseudosac of an ectopic pregnancy is a potential pitfall</p>	<p>Yolk Sac (YS) seen</p>		Yes	No		
5	270-28700	●	5	N/A	Usually see YS by GS 10mm (TV) & GS 20mm (TA)		<p>Embryo seen</p>		Yes	CRL _____ mm	No	
6	3700-84900	●	12	3.5	Should see cardiac activity by CRL 7mm TV	<p>Viability</p> <p>To confirm viability you must see a heart beat (in the uterus)</p>	<p>Viability</p>		Confirmed	Not Confirmed		
7	9700-120000	●	19	9.5	Should see embryo by GS 25mm TV		<p>Embryonic Heart Rate</p>		_____ bpm			
8	31100-184000	●	26	16	β-HCG should increase at least 66% every 48 hours	<p>Free Fluid</p> <p>A small amount of free fluid in the Pouch of Douglas is normal</p>	<p>Free Fluid</p>		Present	Not Present		
							<p>Amount</p>		Small	Moderate / Large		
							<p>Character</p>		Anechoic	Echogenic		
9	61200-152000	●	32	23	Discriminatory Zone TV = 1500 IU/mL TA = 6000 IU/mL Values may vary between different laboratories	<p>Other Comments</p>						

Conclusions (Note: USS findings must be consistent with clinical suspicion; integrate history, examination, investigations and USS findings to reach a conclusion. Seek urgent formal USS if uncertainty remains)

Clinician	Signature	Date
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