

ULTRASOUND PROTOCOLS



Reviewed 10/30/20

Second/Third Trimester OB Complete Ultrasound Protocol Guideline

Indication	Anatomic survey
Prep	Full Bladder. Have patient drink 32 oz water, finishing 60 minutes before scan time
Procedure	<p>Maternal anatomy</p> <ul style="list-style-type: none"> • Longitudinal cervix with measurement <ul style="list-style-type: none"> ○ All patients should have cervical evaluation transabdominally. If indicated, transvaginal exam should be performed (e.g. evaluate for funneling, proximity to placenta). • Survey uterus / adnexae and document pathology (e.g. fibroids) <p>Pregnancy related findings</p> <ul style="list-style-type: none"> • Fetal number and viability (obtain fetal heart rate preferably using M-Mode) • Fetal presentation • Amniotic fluid index • Placenta location and cord insertion site <ul style="list-style-type: none"> ○ Document edge of placenta in relation to the internal cervical os and take longitudinal and transverse images of the placenta. If there appears to be placenta previa and the bladder is full, add transvaginal ultrasound post-void to confirm placenta previa. • Placental parenchyma evaluation (e.g. abnormal thickness, echogenicity, lesions) • Fetal biometry for gestation age and fetal growth evaluation <ul style="list-style-type: none"> ○ BPD, HC, AC, FL, and humerus measurements ○ In multiple gestations, discordance (>20%) should be noted <p>Fetal Anatomy</p> <ul style="list-style-type: none"> • Intracranial anatomy – cranium, choroid plexus, lateral ventricle, cerebellum, cisterna magna, nuchal fold, midline falx, cavum septi pelucidi, thalami • Face – orbits, mouth, nasal bone, lip, chin, forehead • Spine – cross-sectional and longitudinal or coronal views of the cervical, thoracic lumbar, and sacral levels • Heart – 4 chamber heart view, cardiac size, position of heart in the thorax, outflow tracts • Diaphragm – document relationship to the heart and stomach in coronal view • Evaluate lungs for lesions and pleural effusions