## **ULTRASOUND PROTOCOLS**



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## **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	Maternal anatomy
	Longitudinal cervix with measurement
	<ul> <li>All patients should have cervical evaluation transabdominally. If indicated,</li> </ul>
	transvaginal exam should be performed (e.g. evaluate for funneling, proximity to
	placenta).
	<ul> <li>Survey uterus / adnexae and document pathology (e.g. fibroids)</li> </ul>
	Pregnancy related findings
	<ul> <li>Fetal number and viability (obtain fetal heart rate preferably using M-Mode)</li> </ul>
	Fetal presentation
	Amniotic fluid index
	Placenta location and cord insertion site
	<ul> <li>Document edge of placenta in relation to the internal cervical os and take</li> </ul>
	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.
	<ul> <li>Placental parenchyma evaluation (e.g. abnormal thickness, echogenicity, lesions)</li> </ul>
	<ul> <li>Fetal biometry for gestation age and fetal growth evaluation</li> </ul>
	<ul> <li>BPD, HC, AC, FL, and humerus measurements</li> </ul>
	<ul> <li>In multiple gestations, discordance (&gt;20%) should be noted</li> </ul>
	Fetal Anatomy
	<ul> <li>Intracranial anatomy – cranium, choroid plexus, lateral ventricle, cerebellum, cisterna</li> </ul>
	magna, nuchal fold, midline falx, cavum septi pelucidi, thalami
	<ul> <li>Face – orbits, mouth, nasal bone, lip, chin, forehead</li> </ul>
	<ul> <li>Spine – cross-sectional and longitudinal or coronal views of the cervical, thoracic lumbar,</li> </ul>
	and sacral levels
	<ul> <li>Heart – 4 chamber heart view, cardiac size, position of heart in the thorax, outflow tracts</li> </ul>
	<ul> <li>Diaphragm – document relationship to the heart and stomach in coronal view</li> </ul>
	Evaluate lungs for lesions and pleural effusions