Ultrasound OB< 14 weeks TRANSVAGINAL

Indication	**Confirm the presence of pregnancy, ectopic pregnancy, vaginal bleeding, gestational age evaluation, suspected multiple gestations, mass, additional indications using ICD guidelines**
Prep	Transvaginal: Empty Bladder. Patient in lithotomy position
Procedure	1) Proceed with introductions, explanations and patient comfort.
	2) Obtain complete patient history, including last menstrual period, current and past symptoms, recent laboratory and other test results, and relevant risk factors.Enter patient data into real-time scanner.
	3) Select obstetric set up or other appropriate machine settings.
	4) Place patient in supine position with feet in stir-ups, or with a pillow under the patient's lower back and knees bent.
	5) Cover the transducer with a probe cover. Use a lubricant such as K-Y jelly or saline on the outside of the probe cover.
	6) Instruct the patient to insert the transducer into their vagina about 3 to 4 inches.
	7) Proceed with #7 through #20 of previous section:
	8) In transverse, and midline, angle slightly above the symphysis pubis, image the fundus. Angle posteriorly and image the cervix. Measure the width of the uterus at mid-corpus.
	9) In sagittal, locate gestational sac. A maximum measurement of the gestational sac should be documented with transverse measurements to obtain mean sac diameter.
	10) In transverse, measure gestational sac orthogonally (AP and transverse) a. Locate fetal pole. Measure from crown to rump (crown-rump length) and yolk sac. b. Document presence or absence of fetal heart motion. If positive, measure fetal heart rate.
	11) In sagittal, angle to the right of the uterus to image the right ovary and measure the dimension.
	12) Rotate the transducer to transverse and image the long-axis of the right ovary with measurement (long-axis and AP).
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continued	13) Move the transducer back to midline and in sagittal, angle left to image the left ovary and measure.
	14) Rotate the transducer to transverse and image the long-axis of the left ovary with measurement (long-axis and AP).
	15) If follicles exceed 10mm in size, measure the diameter of the largest follicle.
	16) While scanning the ovaries, survey the adnexal region for abnormalities. If an adnexal mass is identified, measure the mass, and document if cystic, solid or mixed, as well as its location in relationship to the ovaries and uterus
	17) If no fetal pole was in the uterus, check adnexa carefully to rule out ectopic pregnancy.
	18) Scan the cul-de-sac and bowel area posterior to the uterus for the presence of free fluid or a mass. If a mass is identified, measure the mass, and document if cystic, solid or mixed, as well as its relationship to the ovaries and uterus. a. Identification of peristalsis can help distinguish a loop of bowel from a pelvic mass.
	19) . Placental location should be recorded and its relationship to the internal cervical os. Image entire placenta, paying special attention to the margins.
NOTE:	**Occassionally it may be necessary to perform a few trans abdominal images to capture all necessary anatomy.**