



# Case Study Submission Requirements:

## Detailed OB 1st Trimester Ultrasound Examination (between 12w0d and 13w6d)\*

- All cases must follow the [General Requirements for the Submission of Case Studies](#).
- **All cases must include a finalized corresponding report.** For reporting criteria, refer to the [Documentation Practice Parameter](#).
- For the purpose of accreditation, all anatomy must be appropriately labeled (for example – 4-CH).
- **ALARA** – Scans performed at 10 weeks or greater GA should be done monitoring the Thermal Index for BONE (Tib).

**\* To apply in this specialty, your practice must also apply in “OB Standard” and “Detailed Second Trimester OB Ultrasound”**

### From the main site:

- 2 NORMAL indicated detailed first trimester cases; GA between 12w0d and 13w6d. Refer to page 2 for imaging checklist.

### From each additional site or mobile unit:

- 1 NORMAL indicated detailed first trimester case; GA between between 12w0d and 13w6d. Refer to page 2 for imaging checklist.

# Detailed 1<sup>st</sup> Trimester OB Ultrasound

(GA between 12w0d and 13w6d)

## Imaging Checklist

### Labeled images of the following:

- |   |   |
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| <ul style="list-style-type: none"><li><input type="checkbox"/> 1. Uterus to determine location of gestational sac and rule out masses / abnormalities (at least 2 orthogonal planes)</li><li><input type="checkbox"/> 2. Adnexal structures, even if ovaries not visualized</li><li><input type="checkbox"/> 3. Cul-de-sac</li><li><input type="checkbox"/> 4. Presence of embryo or fetus</li><li><input type="checkbox"/> 5. Number of gestational sacs, embryos, or fetuses</li><li><input type="checkbox"/> 6. Crown rump length</li><li><input type="checkbox"/> 7. Demonstrate fetal heart rate using M-mode</li><li><input type="checkbox"/> 8. If applicable, chorionicity and, if possible, amnionicity</li><li><input type="checkbox"/> 9. BPD or HC measurement **</li><li><input type="checkbox"/> 10. Femur length **</li><li><input type="checkbox"/> 11. Abdominal circumference or diameter **</li><li><input type="checkbox"/> 12. Ventricles and cortex **</li><li><input type="checkbox"/> 13. Choroid plexus</li><li><input type="checkbox"/> 14. Falx cerebri</li><li><input type="checkbox"/> 15. Posterior fossa</li><li><input type="checkbox"/> 16. Transventricular cranial bones</li><li><input type="checkbox"/> 17. Third ventricle</li><li><input type="checkbox"/> 18. Transthalamic plane – the thalami, the cerebral peduncles, the third ventricle and aqueduct of Sylvius</li><li><input type="checkbox"/> 19. Sagittal thalami-midbrain</li><li><input type="checkbox"/> 20. Sagittal brain stem</li><li><input type="checkbox"/> 21. Sagittal fourth ventricle (intracranial lucency)</li><li><input type="checkbox"/> 22. Sagittal cisterna magna</li><li><input type="checkbox"/> 23. Axial or coronal orbits – size and position **</li><li><input type="checkbox"/> 24. Profile (mid sagittal) including mandible</li><li><input type="checkbox"/> 25. Sagittal maxilla</li><li><input type="checkbox"/> 26. Retronasal triangle with ancillary bones</li><li><input type="checkbox"/> 27. Coronal mandible</li><li><input type="checkbox"/> 28. Coronal upper lip **</li><li><input type="checkbox"/> 29. Coronal lenses **</li><li><input type="checkbox"/> 30. Coronal ears **</li><li><input type="checkbox"/> 31. Axial and sagittal neck</li><li><input type="checkbox"/> 32. NT demonstrated in a sagittal plane</li><li><input type="checkbox"/> 33. NT measurement performed correctly **</li><li><input type="checkbox"/> 34. Four chamber view of the heart</li><li><input type="checkbox"/> 35. Four chamber view of the heart with color flow</li><li><input type="checkbox"/> 36. FHR demonstrated by M-mode; clip preferred</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> 37. Cardiac position and axis</li><li><input type="checkbox"/> 38. Cardiac angle measurement **</li><li><input type="checkbox"/> 39. 3-vessel trachea view with color</li><li><input type="checkbox"/> 40. Tricuspid valve flow **</li><li><input type="checkbox"/> 41. Sagittal aortic arch with color **</li><li><input type="checkbox"/> 42. Sagittal ductal arch with color **</li><li><input type="checkbox"/> 43. Symmetric lungs demonstrated in coronal and/or axial</li><li><input type="checkbox"/> 44. Ribs demonstrated with normal shape and length</li><li><input type="checkbox"/> 45. Rib ossification **</li><li><input type="checkbox"/> 46. Sagittal diaphragm demarcation</li><li><input type="checkbox"/> 47. Axial plane at the level of the stomach; stomach demonstrated on the left side</li><li><input type="checkbox"/> 48. Coronal plane at the level of the kidneys</li><li><input type="checkbox"/> 49. Color of renal vessels performed if kidneys not well seen or if indicated or suspicious</li><li><input type="checkbox"/> 50. Axial plane at the level of the bladder/cord insertion (bladder with fluid)</li><li><input type="checkbox"/> 51. Liver demonstrated on the right</li><li><input type="checkbox"/> 52. Color Doppler of umbilical arteries on each side of the bladder</li><li><input type="checkbox"/> 53. Umbilical cord insertion into the abdominal wall</li><li><input type="checkbox"/> 54. Portal vein coursing away from stomach</li><li><input type="checkbox"/> 55. Sagittal contour of the anterior wall (rule out hydrops/masses)</li><li><input type="checkbox"/> 56. Ductus venosus flow **</li><li><input type="checkbox"/> 57. Four extremities</li><li><input type="checkbox"/> 58. Three long bones are present; 3D assessment performed **</li><li><input type="checkbox"/> 59. 2D Confirmation of hands/fingers and feet/toes</li><li><input type="checkbox"/> 60. Longitudinal vertebral elements/alignment and skin edge</li><li><input type="checkbox"/> 61. Umbilical cord insertion into the placenta</li><li><input type="checkbox"/> 62. Placental echotexture and relationship with internal os or lower uterine segment</li><li><input type="checkbox"/> 63. If placenta accreta is suspected:<ul style="list-style-type: none"><li>a.) Color Doppler evaluation</li><li>b.) Bladder wall interface</li><li>c.) Uterine vesical vascularity</li><li>d.) Utilized transvaginal transducer</li><li>e.) Myometrial thinning (subjective)/loss of retroplacental clear zone</li></ul></li></ul> |
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\*\* if indicated or suspicious