



Case Study Submission Requirements: Detailed 1st Trimester OB (between 12w0d and 13w6d)*

➤ Refer to the *Accreditation Application Manual* for [additional case study submission requirements](#).

*** To apply in this specialty, your practice must also apply in “OB Standard” and “Detailed 2nd 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. **(Non-indicated exams will not be accepted.)**

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. **(Non-indicated exams will not be accepted.)**

Imaging Checklist

➤ **ALARA** – Scans performed at 10 weeks or greater GA should be done monitoring the Thermal Index for BONE (Tlb).

Detailed 1st Trimester OB (GA between 12w0d and 13w6d)

Labeled images of the following:

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