

Content of a Complete Obstetrical Ultrasound Report

This document has been reviewed and approved by the Diagnostic Imaging Committee and Council of the Society of Obstetricians and Gynaecologists of Canada

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Need for consensus on appropriate contents of a Complete Obstetrical Ultrasound Report at 16 to 20 weeks gestation or for initial examinations done at later gestational dates arises from the practice variations observed during accreditation reviews and discrepancies reported by clinicians. Guidelines for performance of obstetrical ultrasounds are available from the Society of Obstetricians and Gynaecologists of Canada (SOGC), Canadian Association of Radiologists (CAR), and the American Institute of Ultrasound in Medicine (AIUM).

The information in Table 1 is recommended but does not limit other information that may be provided in such consultations.

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TABLE 1 CONTENT OF A COMPLETE OBSTETRICAL ULTRASOUND REPORT		
Category	Required Information	Notes
Facility Name		
Patient Demographic Information	<ul style="list-style-type: none"> • patient name • second patient identifier (birth date, hospital identifier, health insurance number) • indication for consultation • requesting physician/caregiver • starting date of last normal menstrual period (LNMP) • examination date • date of dictation/transcription/written report • name of interpreting sonologist 	
Biometry	Should be reported in millimetres for: <ul style="list-style-type: none"> • biparietal diameter • head circumference • abdominal circumference • femur length • unobtainable measurements should be acknowledged 	<ul style="list-style-type: none"> • One should attempt to obtain and review previous ultrasound findings from the current pregnancy. • Biometry measurements should be interpreted with respect to gestational age, taking into account the LNMP, prior ultrasound findings, and other clinical information.
Fetal Anatomy	Should be reported as: <ul style="list-style-type: none"> • normal OR • abnormal (with details) OR • not seen, with explanation (maternal habitus, fetal lie, not viewed) Should be reported for: <ul style="list-style-type: none"> • cranium • cerebral ventricles • posterior fossa • face • lips • spine • diaphragm • four-chamber heart • cardiac outflow tracts • heart axis • situs • stomach • kidneys • bladder • abdominal cord insertion • cord vessels • arms and hands • legs and feet • genitals 	
Amniotic Fluid Amount	Should be reported as: <ul style="list-style-type: none"> • normal OR • increased OR • decreased OR • absent with abnormalities quantified by amniotic fluid index (AFI) or deepest pocket measurement 	
Placenta	<ul style="list-style-type: none"> • Position should be reported, as well as relationship to the cervical os, and (if applicable) to a uterine scar. 	
Maternal Anatomy (including cervix)	Should be reported as: <ul style="list-style-type: none"> • normal OR • abnormal with details OR • not viewed with explanation 	
Summary should provide: <ul style="list-style-type: none"> • Appropriateness about the biometry, size, growth, and estimated gestation. • Interpretation with respect to referral indication. 		