

OBSTETRICAL ULTRASOUND EARLY ANATOMY PROTOCOL (15w0d-16w6d)

BILLING CODES:

UOBEA1 - Singleton Early Anatomy Second Trimester UOBEATWIN - Twin Early Anatomy Second Trimester UOBEATRIP - Triple Early Anatomy Second Trimester UOBEAQUAD - Quadruplet Early Anatomy Second Trimester

PREP: No prep

- ** This is an Early Anatomy screening for high-risk pregnancies when specifically requested and does not replace the Detailed Anatomy screening. Patients should return after 3-4 weeks for the full anatomy screening.
- ** For early anatomy requests prior to 15w 0d gestational age, use the First Trimester Protocol.
- ** Any requests on or after 17w 0d gestational age, should use the Basic or Detailed Anatomy Protocols.

DATING: As a routine, use the date provided by the clinician or patient's known LMP. Working EDD in EPIC should be used if more than one date is provided. Use AIUM and ACOG dating criteria if dating is unknown.

IMAGES TO OBTAIN

UTERUS:

- Transverse images Fundus, Mid and LUS
- Sagittal images Right, Mid and Left
- If fibroids are present, measure the 3 largest/most significant. Fibroids located in the LUS should always be included due to potential delivery complications.
- For multiples, on each uterus image, label the location of fetuses with A, B etc.

ADNEXA:

• Right and left adnexal regions

OVARIES:

- Sagittal image of right and left ovary with and without measurements
- Transverse image of right and left ovary with and without measurements

^{**}Requisitions should be read carefully to ensure the proper exam is performed.

CERVICAL LENGTH AND STATUS:

- To be measured on all pregnancies less than 24 weeks gestational age. Normal cervical length is greater than 3.0 cm before 24 weeks.
- If the cervix appears shortened, funneled, or if a cervical length is specifically the requested, a transvaginal ultrasound should be performed.

PLACENTA:

- Placental position in sagittal and transverse.
- If seen, document the location of cord origin into placenta. Comment on whether it appears central, marginal, eccentric or velamentous.
- Cine of any abnormality.
- For multiples, document if there are separate or shared placentas present. Show twin peak sign between placentas if visualized.

MEMBRANE FOR MULTIPLES:

- Verify chorionicity/amnionicity
- Demonstrate membrane completely separating each fetus
- Document the thickness of membrane.
- Look for twin peak sign (diamniotic) or T-sign (monoamniotic)

FETAL POSITION:

- Document fetal position.
- For multiples, be as specific as possible and include description of fetus location in presentation section of report.

AMNIOTIC FLUID VOLUME:

- Amniotic fluid volume evaluation before 24 weeks should be done subjectively.
- For Mono di multiples being screened for TTTS, measure the MVP beginning at 16 weeks.

FETAL HEART RATE:

• Measure fetal heart rate with M-Mode

FETAL BIOMETRY: Measure each of the following at least two times:

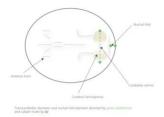
- **1. BPD** –measured on an axial plane that traverses the thalami, and cavum septum pellucidum.
- 2. HC include in image with BPD.
- **3. AC -** Transverse image through the upper abdomen at the level of the fetal stomach, umbilical vein and portal sinus.
- 4. Femur
- 5. Humerus

FETAL ANATOMY IMAGES TO OBTAIN

HEAD AND NECK:

- Integrity and shape of the cranial vault (calvarium)
- Lateral ventricles with measurements (normal < 10mm)
- Posterior Fossa (cisterna magna) with measurements (normal < 10mm)
- Cerebellum with transverse diameter, showing cerebellar vermis
- Cavum Septi Pellucidi (CSP) if visible
- Choroid Plexus
- Nuchal fold, measurement at the level of cerebellum. Normal range is < 5mm between 15-20 weeks, measure on separate image from PF measurement.





FACE:

• Fetal Profile with presence or absence of the nasal bone and chin

CHEST AND SITUS:

• With a dual screen, image demonstrating correct fetal situs. In a transverse view, show side by side images of the fetal stomach and 4-Chamber heart on the left side of the fetus' body.

DIAPHRAGM:

- Sagittal right and left diaphragm
- Sagittal R-L cine sweep.

HEART:

- 4-chamber view which includes view of entire chest.
- 4-chamber view that is zoomed in on heart.
- Cine clip of the 4-chamber view sweeping through the outflow tracks.

SPINE:

- 2D views if the cervical, thoracic, lumbar and sacral spine in longitudinal.
- 2D views if the cervical, thoracic, lumbar and sacral spine in transverse.
- Cine sweep in transverse

ABDOMEN:

- Stomach image in transverse
- Cord insertion and anterior abdominal wall showing the abdominal wall is intact on both sides of the cord insertion.

KIDNEYS:

- Longitudinal kidneys with measurements, labeled Left and Right.
- Transverse picture of kidneys at the level of renal pelvis.

BLADDER AND 3 VESSEL CORD:

- 2D transverse view of bladder.
- Document 3 vessel cord around bladder with Color Doppler.

EXTREMITIES:

- Document all long bones with proper labeling –
 Femur, Tib/Fib; Humerus, Rad/Ulna
- Bilateral hands
- Bilateral feet

GENITALIA IF VISIBLE:

- Documented in all pregnancies. Especially important in multiple gestational pregnancies and when medically indicated.
- When able, check the box stating that the parents do not want to know this
 information so that it does not transfer to the Finalized report. Otherwise,
 inform the patient to not read the report in ECare if they do not want to
 know. If the box to hide the information is checked, it will not be visible to the
 provider either, they can call for the information if needed.

^{*}If abnormalities are seen, include additional 2D images, Cine sweeps, 3D imaging and Color doppler images as needed.

EARLY ANATOMY OB ULTRASOUND IMAGE LIST

GENERAL Presentation 2D FHR Mmode Situs Dual MATERNAL Uterus Sag Mid 2D Uterus Sag Right 2D Uterus Sag Right 2D Uterus Sag Left 2D Uterus Trans Sup 2D Uterus Trans Mid 2D Uterus Trans Mid 2D Uterus Trans Inf 2D Rt Adnexa Trans 2D Rt Adnexa Sag 2D Rt Ovary Sag w/ & w/o measurements 2D+ Lt Adnexa Trans 2D Lt Adnexa Trans 2D Lt Ovary Trans w/ & w/o measurements 2D+ Lt Ovary Trans w/ & w/o measurement 2D+ Lt Ovary Trans w/ & w/o measurement 2D+ Lt Ovary Trans w/ & w/o measurement if <2cm Placenta Edge / CVX Sag w/ measurement if <2D Cord Origin Sag 2D Cord Origin Sag 2D Cord Origin Trans 2D HEAD BPD/HC x 3 2D+ Lateral Ventricle w/ measurement 2D+ Choroid Plexus 2D Cavum Septum Pellucidum 2D Cerebellum w/ measurement 2D+ Cisterna Magna w/ measurement 2D+ Vermis 2D Head Cine S-I Cine Nuchal Fold w/ measurement 2D+ FACE Profile 2D Nasal Bone 2D+ HEART 4CH 2D ACH cine showing contractility Cine CHEST Rt Diaphragm 2D Lt Diaphragm 2D Lt Diaphragm 2D	IMAGE	MODE
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Vermis 2D Head Cine S-I Cine Nuchal Fold w/ measurement 2D+ FACE Profile 2D Nasal Bone 2D+ HEART 4CH 2D 4CH cine showing contractility Cine Heart Cine showing outflow tracts. Cine CHEST Rt Diaphragm 2D Lt Diaphragm 2D		+
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Nuchal Fold w/ measurement 2D+ FACE Profile 2D Nasal Bone 2D+ HEART 4CH 2D 4CH cine showing contractility Cine Heart Cine showing outflow tracts. Cine CHEST Rt Diaphragm 2D Lt Diaphragm 2D	Vermis	
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Profile 2D Nasal Bone 2D+ HEART 4CH 2D 4CH cine showing contractility Cine Heart Cine showing outflow tracts. Cine CHEST Rt Diaphragm 2D Lt Diaphragm 2D	Nuchal Fold w/ measurement	2D+
Nasal Bone 2D+ HEART 4CH 2D 4CH cine showing contractility Cine Heart Cine showing outflow tracts. Cine CHEST Rt Diaphragm 2D Lt Diaphragm 2D	FACE	
HEART 4CH 2D 4CH cine showing contractility Cine Heart Cine showing outflow tracts. Cine CHEST Rt Diaphragm 2D Lt Diaphragm 2D		2D
4CH 2D 4CH cine showing contractility Cine Heart Cine showing outflow tracts. Cine CHEST Rt Diaphragm 2D Lt Diaphragm 2D	Nasal Bone	2D+
4CH cine showing contractility Heart Cine showing outflow tracts. Cine CHEST Rt Diaphragm 2D Lt Diaphragm 2D	HEART	
Heart Cine showing outflow tracts. CHEST Rt Diaphragm 2D Lt Diaphragm 2D	4CH	2D
Heart Cine showing outflow tracts. CHEST Rt Diaphragm 2D Lt Diaphragm 2D	4CH cine showing contractility	Cine
Rt Diaphragm 2D Lt Diaphragm 2D		Cine
Lt Diaphragm 2D	CHEST	
Lt Diaphragm 2D	Rt Diaphragm	2D
· -	Lt Diaphragm	2D
	Diaphragm Cine R-L	Cine

IMAGE		MODE
ABDOMEN		
AC x3	2D+ x3	
Stomach		2D
Kidneys Trans	2D	
Rt Kidney Sag w/ measurement		2D+
Lt Kidney Sag w/ r	2D+	
Bladder		2D
3VC w/ color	Color	
Cord insertion		2D
Genitalia		2D
SPINE		
Spine Sag		2D
C Spine Trans	2D	
T Spine Trans		2D
L Spine Trans	2D	
S Spine Trans		2D
Spine Trans cine C-S		Cine
UPPER EXTREMIT	TIES	
HL x3		
Rt Humerus	Lt Humerus	
Rt R/U	Lt R/U	
Rt Hand	Lt Hand	
Open Hand		
LOWER EXTREM	TIES	
FL x 3		
Rt Femur	Lt Fem	
Rt T/F	Lt T/F	
Rt Foot	Lt Foot	

EARLY ANATOMY PROTOCOL HISTORY

	Date	Changes made	By whom
Created	5/17/2022	Early Anatomy Ultrasound Protocol created to serve need of high-risk pregnancies prior to full anatomic survey.	Alyssa Stephenson-Famy, Manjiri Dighe, Shaun Bornemeier
			Updates recorded by Renee Betit Fitzgerald
Added	10/28/2022	Billing Codes	Renee Betit Fitzgerald
Changed	5/23/2023	Range of gestational age for exam changed from 15w0d-17w0d to 15w0d-16w6d	Manjiri Dighe
Added	4/17/2024	Image list Added stomach image	Renee Betit Fitzgerald