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| --- | --- | --- | --- |
| **Patient Name** |  | **Age / Sex** |  |
| **Hospital ID** |  | **Date** |  |
| **Ref. By** |  |  |  |

**EARLY PREGNANCY SCAN**

**LMP:** **GA BY LMP: weeks EDD BY LMP:**

**Findings:**

Single live intrauterine gestation noted.

CRL measures: cms (wks day). **EDD BY SCAN:**

Regular fetal cardiac activity noted, FHR: BPM.

Placenta is developing anteriorly.

No subchorionic hemorrhage.

No adnexal abnormality.Internal os closed.

Cervix appears normal, measures: 2.4cms.

Corpus luteum cyst noted in right ovary.

POD-Clear.

**IMPRESSION**:

**Single live intrauterine gestation corresponding to weeks.**

**Declaration: I, Dr., declare that while conducting ultrasonography on Mrs., I have neither detected nor disclosed the sex of her fetus to anybody in any manner.**