



# Case Study Submission Requirements: Detailed 1<sup>st</sup> Trimester OB (between 12w0d and 13w6d)\*

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

Only case studies with an ultrasound indication, per practice parameters, will be accepted. (Non-indicated exams will not be accepted.)

**\* To apply in this specialty, your practice must also apply in “OB Standard” and “Detailed 2<sup>nd</sup> Trimester OB Ultrasound”**

Click to Download OB Case Study Templates for PowerPoint

## 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 1<sup>st</sup> Trimester OB (GA between 12w0d and 13w6d)

### 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 cardiac activity using M-mode or cine loop</li> <li><input type="checkbox"/> 8. If applicable, chorionicity and, if possible, amnionity</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> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> 36. Cardiac position and axis</li> <li><input type="checkbox"/> 37. Cardiac angle measurement **</li> <li><input type="checkbox"/> 38. 3-vessel trachea view with color</li> <li><input type="checkbox"/> 39. Tricuspid valve flow **</li> <li><input type="checkbox"/> 40. Sagittal aortic arch with color **</li> <li><input type="checkbox"/> 41. Sagittal ductal arch with color **</li> <li><input type="checkbox"/> 42. Symmetric lungs demonstrated in coronal and/or axial</li> <li><input type="checkbox"/> 43. Ribs demonstrated with normal shape and length</li> <li><input type="checkbox"/> 44. Rib ossification **</li> <li><input type="checkbox"/> 45. Sagittal diaphragm demarcation</li> <li><input type="checkbox"/> 46. Axial plane at the level of the stomach; stomach demonstrated on the left side</li> <li><input type="checkbox"/> 47. Coronal plane at the level of the kidneys</li> <li><input type="checkbox"/> 48. Color of renal vessels performed if kidneys not well seen or if indicated or suspicious</li> <li><input type="checkbox"/> 49. Axial plane at the level of the bladder/cord insertion (bladder with fluid)</li> <li><input type="checkbox"/> 50. Liver demonstrated on the right</li> <li><input type="checkbox"/> 51. Color Doppler of umbilical arteries on each side of the bladder</li> <li><input type="checkbox"/> 52. Umbilical cord insertion into the abdominal wall</li> <li><input type="checkbox"/> 53. Portal vein coursing away from stomach</li> <li><input type="checkbox"/> 54. Sagittal contour of the anterior wall (rule out hydrops/masses)</li> <li><input type="checkbox"/> 55. Ductus venosus flow **</li> <li><input type="checkbox"/> 56. Four extremities</li> <li><input type="checkbox"/> 57. Three long bones are present; 3D assessment performed **</li> <li><input type="checkbox"/> 58. 2D Confirmation of hands/fingers and feet/toes</li> <li><input type="checkbox"/> 59. Longitudinal vertebral elements/alignment and skin edge</li> <li><input type="checkbox"/> 60. Umbilical cord insertion into the placenta</li> <li><input type="checkbox"/> 61. Placental echotexture and relationship with internal os or lower uterine segment</li> <li><input type="checkbox"/> 62. 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

**Changes made to this document since previous version:**

|                |                                               |
|----------------|-----------------------------------------------|
| <b>7/24/24</b> | added reminder for proper exam indication     |
| <b>5/10/24</b> | added link to Powerpoint case study templates |