UNITED IMAGING
CONSULTANTS

Head/Spine Ultrasound

Exam Date		Room #		Patient Name	
Tech Name		Tech Phone		DOB	
Ordering MD Name		Ordering MD Phone		MR#	
Nurse Name		Nurse Phone		(Sticker OR Fill-out)	

Indication/History: ☐ Prematurity ☐ F/U hemorrhage ☐ Hydrocephalus ☐ Sacral dimple ☐ Dysraphism ☐ Hemangioma

Specify: _____

Intracranial hemorrhage:
☐ Normal
☐ Grade 1: Limited to germinal matrix
☐ Grade 2: Intraventricular extension
☐ Grade 3: Grade 2 + ventricular dilatation
☐ Grade 4: Intraparenchymal extension

Periventricular White Matter:
☐ Normal ☐ Flaring (age <7days)
☐ Grade 1: Perventricular echogenicity ≥7 days
☐ Grade 2: 1 + periventricular cysts
☐ Grade 3: 1 + extensive periventricular cysts
☐ Grade 4: 1 + subcortical cysts

Ventricular size: (measured in coronal plane at level of "3 dots" of choroid plexus in lateral and 3rd ventricles)

Ventricular index (falx to lateral margin of ventricle)
Right: _____ mm (nl<13 ≥ 32 wks; <10 <32 wks)
Left: _____ mm

Anterior horn width (oblique shortest diameter)
Right: _____ mm (nl ≤3mm)
Left: : _____ mm

Posterior Fossa: ☐ Normal ☐ Cyst ☐ Small/Chiari ☐ Other_____

MCA Resistive Index: Right: _____ Left: _____

Bones: ☐ Normal posterior arches ☐ Anomaly _____

Cord/Thecal sac: ☐ Normal ☐ Ventriculus terminalis ☐ Anomaly _____

Conus position: (counting from 12th rib) _____. (nl above sup. endplate L3 term, inf. endplate L3 preterm)

Cauda Equina: ☐ Normal, symmetric, mobile ☐ Mass_____
Filum Thickness: _____ mm (nl ≤2mm) ☐ NL variant filum cyst

Dimple: ☐ NA ☐ NL variant fibrous band to coccyx ☐ Sinus ☐ Other_____

IMPRESSION/SUMMARY:_____

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10.1148/radiol.11110334 10.2214/AJR.05.2159