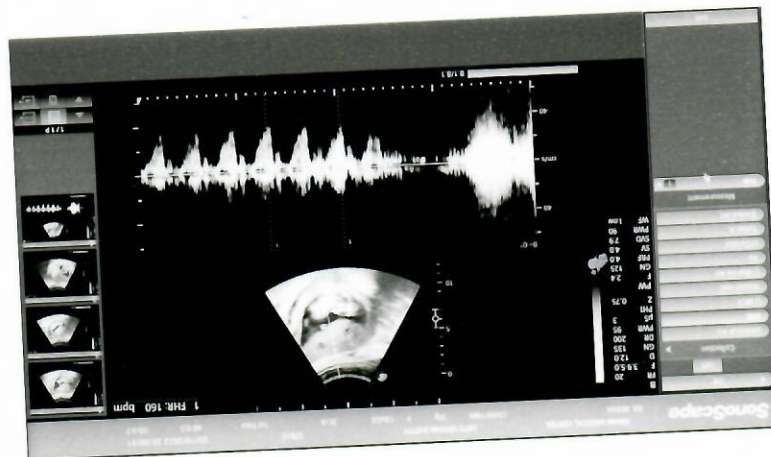






OB Report

Patient Information

Patient Name: [REDACTED]
 Date of Birth: [REDACTED]
 Insurance: [REDACTED]

Fetal Information

Fetal Weight: [REDACTED]
 Fetal Length: [REDACTED]
 Fetal Head Circumference: [REDACTED]

Fetus

Estimated Fetal Weight: [REDACTED]
 Estimated Fetal Length: [REDACTED]
 Estimated Fetal Head Circumference: [REDACTED]

Measurements

Item: M1 MS
 Value: [REDACTED]
 Unit: GA

2D Measurements

Item: M1 MS
 Value: [REDACTED]
 Unit: mm

2D Calculations

Item: M1 MS
 Value: [REDACTED]
 Unit: mm

2D Measurements

Item: M1 MS
 Value: [REDACTED]
 Unit: mm

Conclusion

Summary:
 Significant findings:
 No significant findings.

Recommendations

Specimen:

Specimen: