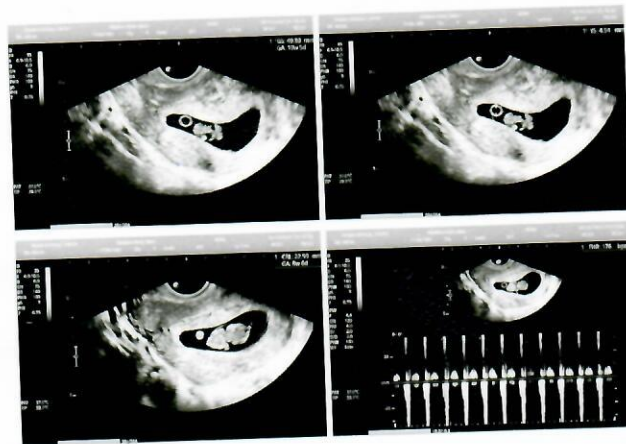




OB Report

Patient Information

Patient Name: [REDACTED]
 Birth Date: 01/10/1991
 ID Number: [REDACTED]
 Comments:

Patient ID: 00004
 Gender: Female

Exam Date: 10/11/2022
 Appointment:

Exam Information

Exam Type: OB
 Location: 1
 Referrer:
 Side of abdomen: DR. [REDACTED]
 Check Comp/Cont:
 Exam Method:
 Comments:

Highway:
 Phase: 1
 Referring DR:

Highway:
 Phase:
 Technique: M/D

DR: 10/11/2022

10/11/2022

10/11/2022

Fetus

Gestational Week:
 Estimated Fetal Weight (kg):

Range: 1.0 - 4.0

Estimated Fetal Weight (kg):
 Estimated Fetal Weight (kg):

Measurements

Fetus

2D Mode

Unilateral Side

Bi-Parietal Diameter

Head Circumference

Abdominal Circumference

Femur Length

FL

2D Calculations

Estimated Fetal Weight

Obtained Mode

M1-M5

Value

Unit

GA

11.00

11.00

mm

11.00

22.00

22.00

mm

11.00

24.00

24.00

mm

11.00

11.00

11.00

mm

11.00

11.00

11.00

mm

11.00

11.00

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mm

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mm

11.00