



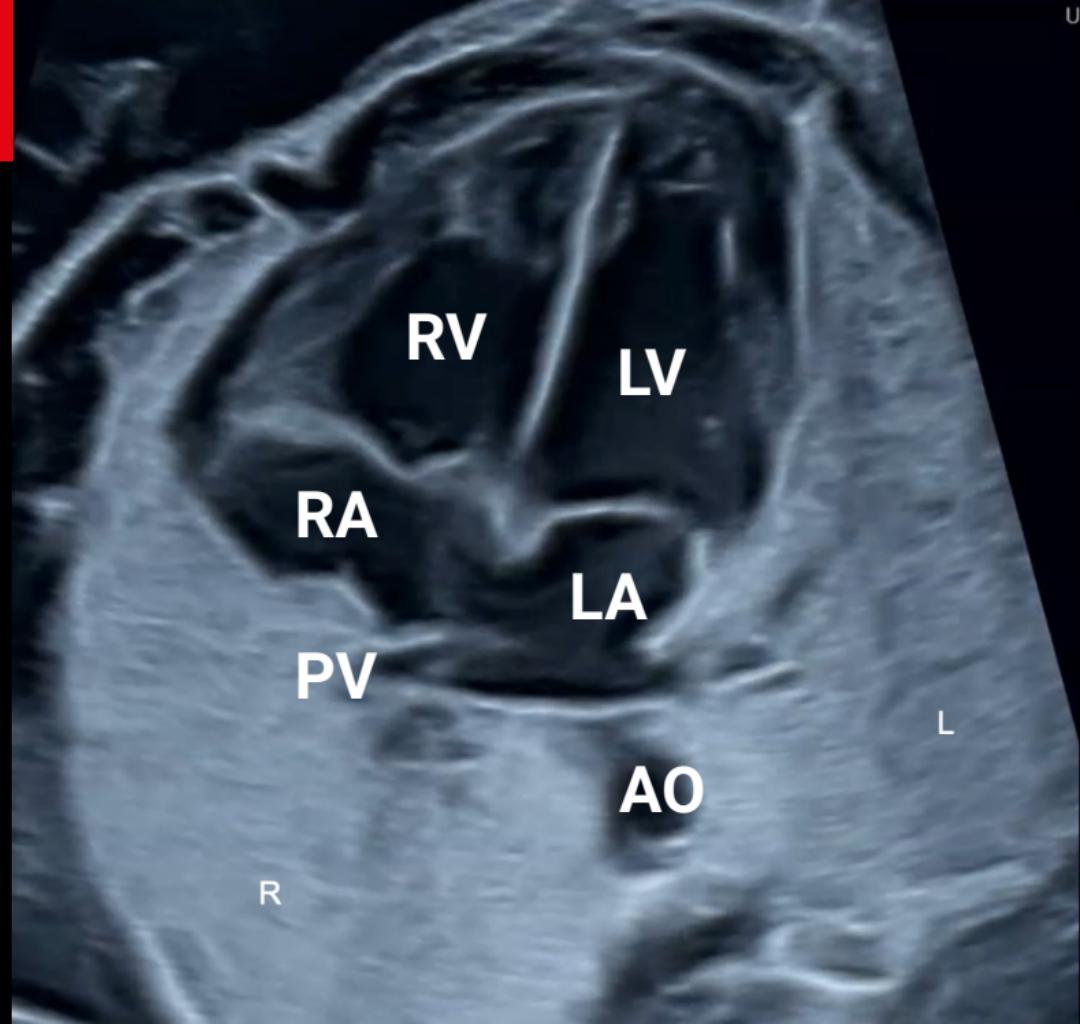
Fetal cardiac screening checklist

4-CHAMBER VIEW CHECKLIST

- | | |
|--|---|
| <input type="checkbox"/> Situs | <input type="checkbox"/> Moderator band in RV |
| <input type="checkbox"/> Position | <input type="checkbox"/> Normal crux |
| <input type="checkbox"/> Axis | <input type="checkbox"/> Normal AV offset |
| <input type="checkbox"/> Size | <input type="checkbox"/> PV into left atrium |
| <input type="checkbox"/> Symmetry | <input type="checkbox"/> Aorta left sided |
| <input type="checkbox"/> LV forms apex | <input type="checkbox"/> Azygous |



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Fetal cardiac screening checklist

3-VESSEL TRACHEA VIEW CHECKLIST

- Number of vessels
- Size of vessels
- Relation to trachea
- Direction of flow

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