**7th** FETAL MEDICINE & OBSTETRIC ULTRASOUND SCAN WORKSHOP

**BASIC COURSE FROM 24th – 28th May 2021**

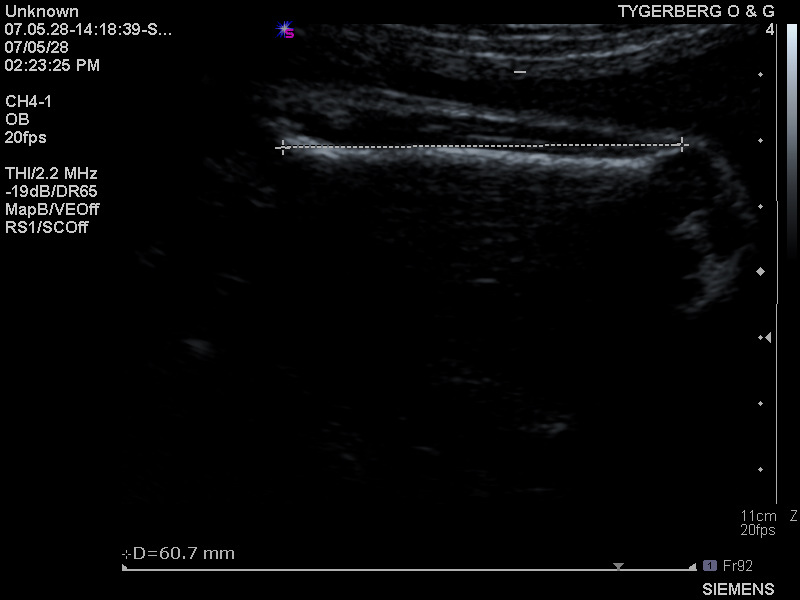
**PRE-TEST (PART 2)**

**Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please answer the following questions, printout and submit at arrival.**

**PRE-TEST (TRUE OR FALSE)**

1. Concerning use of ultrasound for dating
   1. The crown rump length can be used till 24 weeks.
   2. Use of composite scores is better than single scores.
   3. The BPD, HC, AC, TCD & FL are good measures in the second trimester
   4. Gestational sac diameter can be used before the missed period.
   5. Assessment in the third trimester gives a 1 to 2 week error margin
2. Fetal assessment using ultrasound may be useful in decision making for:
   1. Timing of delivery
   2. Mode of delivery
   3. Place of delivery
   4. Termination
   5. Treatment
3. The major probe manipulations required in ultrasound include:
   1. Sliding
   2. Rotation
   3. Angulation
   4. Rocking
   5. Pressing
4. Concerning gestational age assessment using ultrasound scan
   1. A new gestational age should be assigned at every scan done by a very experienced sonologist
   2. It is unnecessary to ask the woman for her LMP as this could bias the scan report
   3. At or near term, pregnant women should have a scan to reassess the earlier EDD given if it is still correct especially for women planned for induction of labour
   4. In routine clinical practice, the scan dates are the most reliable hence should always be used for dating especially if done in early pregnancy
   5. In IVF pregnancies, the estimated LMP for EDD calculation is calculated as about 16 days from the date of embryo transfer.
5. Which of these statements about the given date of last menstrual period is/are true?
   1. It is the last day of the last menses.
   2. It is the day the last menses was expected.
   3. It is made more reliable if the woman has been off hormonal drugs at least 3 to 6 month
   4. It is more reliable in women with regular menses
   5. Can be validated by early ultrasound scan
6. Which of the following is/are true
   1. The menstrual and conceptual age are the same and inter-changeable
   2. The embryo is the period between the 3rd and 8th week of gestation using the menstrual age
   3. Fetal injury from teratogens is worse if it occurs in the fetal stage than in the embryonic stage
   4. The fetus is considered viable when it is capable of extrauterine existence
   5. In the third trimester, ultrasound scan is more useful as an assessment of fetal growth than for dating.
7. Concerning the picture below for femur length measurement, which of the following is true?



* 1. The measurement was taken at the right focus
  2. The picture was appropriately optimized.
  3. The measurement is acceptable
  4. Increasing the depth would have been more appropriate
  5. The orientation of the bone is appropriate.

1. Concerning fetal growth
   1. In critical cases, fetal growth assessment should be done every 48 hours
   2. In very good centres, error margin for fetal weight estimation range is reported to be 2 to 5%
   3. An abnormal Biophysical Profile is one of the earliest indicators of impending fetal demise
   4. Decreased liquor volume could be indicative of chronic fetal compromise
   5. Fetal Doppler assessment is a form of fetal Biophysical assessment
2. In the first trimester, which of the following is true
   1. Gestational sac circumference is commonly used to assess gestational age
   2. It is advisable to report low lying placenta
   3. Fluid between the fetal chin and chest suggests fetal neutral position
   4. Chorionicity is best diagnosed at this time in multiple gestation
   5. CRL of 84mm is equivalent to a gestational age of 13W6D
3. Which of the following is true?
   1. The higher the frequency, the better the resolution
   2. 3D/4D scans are necessary for fetal anatomical survey
   3. A dark area in the image indicates a fluid collection
   4. Transvaginal probes have higher frequencies than the transabdominal probes
   5. Transvaginal scans do not require coupling agents.
4. Which of the following is true?
   1. Less than 5% of low lying placenta at 20 weeks will be placenta praevia
   2. Trophotropism is one mechanism by which a previously low lying placenta may be normal at term.
   3. Trophotropism has been implicated in causing morbid placenta adherence.
   4. Velamentous cord insertion is associated with vasa praevia
   5. Placenta praevia at term is best diagnosed with the ultrasound scan when there is a full bladder.
5. Consent for an obstetric scan
   1. Is not necessary
   2. Should include discussion of alternate scanning levels
   3. Should include offer of alternative screening tests for abnormal development
   4. Means all findings at the scan should be included in the report
   5. Means you are free of all liabilities resulting from the scan
6. In the first trimester, gestational age can be assessed by the following:
   1. The largest diameter of the gestational sac
   2. The CRL is best assessed between 11W and 13W+6D
   3. The BPD between 6W and 13W+6D
   4. A CRL of 84mm corresponds to 13W+6D
   5. The trans-cerebellar diameter
7. The first trimester scan is most useful in:
   1. Diagnosis of multiple gestation
   2. Gestational age assessment
   3. Fetal anatomical survey
   4. Fetal Doppler studies
   5. Position of the placenta
8. Concerning ultrasonography:
   1. Coupling agent use improves clarity of ultrasound images
   2. Scanning with a full bladder is advised in routine obstetric scans
   3. Piezo-electric crystals are essential components of the ultrasound probe
   4. Transvaginal route is recommended for cervical assessment in pregnancy
   5. 3D and 4D ultrasound scans make use of volume probes
9. Which of the following is/are true concerning ultrasound?
   1. A-mode ultrasound stands for Activity mode
   2. B-mode stands for brightness mode
   3. C-mode stands for Contrast mode
   4. The coronal plane in ultrasound divides the body into an upper and a lower part
   5. The sagittal plane divides the body into an anterior and a posterior half
10. Concerning ultrasound probe movement, generally:
    1. Sliding in the short axis helps to centralize the image
    2. ‘Rocking’ helps to align the image on the screen
    3. Rotation helps to lengthen the image
    4. Sliding on the short axis of the probe helps to search for the appropriate plane
    5. Pressure on the probe over the abdomen helps in adjusting focus in a desired plane
11. Concerning ultrasound terminology, which of these is/are true?
    1. Anechoic means a white hue on the image
    2. The bladder filled with urine is usually black
    3. The bladder filled with urine is referred to as hyperechoic
    4. Iso-echoic means the structure is as black as the bladder
    5. The fetal stomach is iso-echoic with the fetal bladder
12. For the correct plane for the measurement of the abdominal circumference, the following are present on the image
    1. Fetal kidney
    2. The abdominal insertion of the umbilical vein
    3. The fetal stomach
    4. The fetal gall bladder
    5. Pear shaped abdominal circumference
13. For the correct plane for the measurement of the head circumference, the following are present on the image
    1. Cavum septum pellucidum
    2. Thalami
    3. Cerebellum
    4. Midline Falx cerebri
    5. The shape should be circular
14. In early pregnancy ultrasound scan:
    1. The mean gestational sac diameter is more accurate than the CRL for estimating gestational age
    2. The CRL grows at approximately 2-3mm per day
    3. The fetal heart pulsation is usually seen before the CRL is 7mm.
    4. The absence of the fetal node in a gestational sac of 15mm diameter is diagnostic of an anembryonic gestation
    5. The normograms for singleton gestation can be used in the dating of twin gestation
15. With respect to the amniotic fluid;
16. The normal range for deepest vertical pool is 2-8cm
17. Deepest vertical pool <2cm is oligohydramnios
18. Amniotic fluid index > 25cm could be associated with maternal diabetes mellitus
19. Amniotic fluid index is measured across 4 quadrants
20. Deepest vertical pool should be in a quadrant without fetal limbs or cord.
21. Which of the following are essential considerations for obstetric scanning?
22. The fetal heart pulsation is best documented with colour Doppler
23. The image should occupy half of the screen size.
24. The EDD obtained at every scanning session should be clearly recorded in the patient’s report.
25. The EGA should not be calculated before an obstetric scan to avoid measurement bias.
26. Routine fetal gender determination is an important component of a basic obstetric scan.
27. Which of the following applies to the ultrasound assessment of the fetal biparietal diameter?
28. The calipers should be placed on the fetal scalp.
29. The same image for Head circumference is used for BPD.
30. The widest diameter of the fetal head should be measured.
31. Calipers are placed on the outer table (leading edge) of the near-field, and the inner table (leading edge) of the far-field on the fetal skull.
32. The measurement should be parallel to the falx cerebri.
33. Which of the following are true about basic scans of the placenta?
34. The placenta thickness should be measured routinely
35. A longitudinal scan of the placenta should be performed to determine its lower edge
36. Ultrasound scan can reliably exclude placental abruption.
37. Transvaginal scan can be safely performed in a patient with placenta praevia
38. Placental lakes connote significant pathologies that should be reported on obstetric scans. F