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## ULTRASOUND REFERRAL FORM 2018

Open 24-Hours including weekends and public holidays | Back-up Power and Water Supply | Please photocopy this pad if you run out of referral forms or use your practice referral pad | Our affordable prices include 15% VAT | We will consider offering certain services pro bono for urgent uninsured and indigent patients. Please attach a motivation on your practice letterhead.

### Patient Details

Names:		Surname:	
Telephone:		Mobile:	
Email:			

### Referring Practice Details

Practice Name:		Practice No:	
Telephone:		Mobile:	
Email:			

✓ PREGNANCY ULTRASOUND			
<input type="checkbox"/>	General pregnancy ultrasound	R 650	<input type="checkbox"/> Sex determination R 650
<input type="checkbox"/>	4D Pregnancy ultrasound & sex determination	R 850	
✓ GENERAL ULTRASOUND			
<input type="checkbox"/>	Abdomen	R 730	<input type="checkbox"/> Pelvis R 650
<input type="checkbox"/>	Thyroid	R 620	<input type="checkbox"/> Breast R 760
<input type="checkbox"/>	Testes	R 650	<input type="checkbox"/> Vascular Duplex Doppler R 1 420/side
<input type="checkbox"/>	Small Parts - specify:	R 650	<input type="checkbox"/> Abdomen & Pelvis R 950
<input type="checkbox"/>	Other - specify:		

*For indications and medico-legal considerations of pregnancy ultrasound, please turn overleaf.*

### Clinical History

How would you like to receive your report?  Electronic Access  CD  By hand  Telephonic

Email Address \_\_\_\_\_

Do you require more referral pads?  Yes  No      Would you prefer an electronic referral form?  Yes  No

\_\_\_\_\_  
 Referring Practitioner's Name      Mobile No      Date 

D	D	M	M	Y	Y	Y	Y
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      Signature

We are committed to an affordable and equal pricing policy for local, regional and international clients. Our affordable prices are subject to change without notice. Errors & Omissions Excluded. We accept cash, medical aid, debit, credit and selected retail cards. Medical aid clients will be requested to produce their medical aid and ID or passport. Basement parking available in Lilian Ngoyi (Bree) Street.

# **GUIDELINES AND INDICATIONS FOR OBSTETRIC ULTRASOUND**

## **1. Legal problems related to obstetrical ultrasound**

Malpractice law suits related to fetal anomalies are now the most common type of litigation involving ultrasound, surpassing ectopic pregnancy. Missing an anomaly on a sonogram performed for a standard indication, such as dating, is the most frequent type of litigation.

The International Society of Ultrasound in Obstetrics and Gynaecology (ISUOG) recommends that pregnant women have routine obstetric ultrasounds between 18 weeks' and 22 weeks' gestational age (the anatomy scan) in order to confirm pregnancy timing, to measure the fetus so that growth abnormalities can be recognized quickly later in pregnancy, and to assess for congenital abnormalities and multiple pregnancy (i.e. twins). Additionally, the ISUOG recommends that pregnant women have obstetric ultrasounds between 11 weeks' and 13 weeks 6 days' gestational age in countries with resources to perform them (the nuchal scan). Performing an ultrasound at this early stage of pregnancy can more accurately confirm the timing of the pregnancy and can also assess for multiple fetuses and major congenital abnormalities at an earlier stage.

General Practitioners and Family Physicians are advised to give appropriate counselling for their clients, as failure to do so may also result in medico-legal consequences

## **2. Indications for First-Trimester Ultrasound Examination**

Indications for first-trimester sonography include but are not limited to:

- Confirmation of the presence of an intrauterine pregnancy<sup>3-5</sup>;
- Evaluation of a suspected ectopic pregnancy;
- Defining the cause of vaginal bleeding;
- Evaluation of pelvic pain;
- Estimation of gestational (menstrual) age;
- Diagnosis or evaluation of multiple gestations;
- Confirmation of cardiac activity;
- Imaging as an adjunct to chorionic villus sampling, embryo transfer, and localization and removal of an intrauterine device;
- Assessing for certain fetal anomalies, such as anencephaly, in high-risk patients;
- Evaluation of maternal pelvic masses and/or uterine abnormalities;
- Measuring the nuchal translucency (NT) when part of a screening program for fetal aneuploidy; and
- Evaluation of a suspected hydatidiform mole.

## **3. Indications for Second- and Third-Trimester Ultrasound Examination**

Indications for second- and third-trimester sonography include but are not limited to:

- Screening for fetal anomalies;
- Evaluation of fetal anatomy;
- Estimation of gestational (menstrual) age;
- Evaluation of fetal growth;
- Evaluation of vaginal bleeding;
- Evaluation of abdominal or pelvic pain;
- Evaluation of cervical insufficiency;
- Determination of fetal presentation;
- Evaluation of suspected multiple gestation;
- Adjunct to amniocentesis or other procedure;
- Evaluation of a significant discrepancy between uterine size and clinical dates;
- Evaluation of a pelvic mass;
- Evaluation of a suspected hydatidiform mole;
- Adjunct to cervical cerclage placement;
- Suspected ectopic pregnancy;
- Suspected fetal death;
- Suspected uterine abnormalities;
- Evaluation of fetal well-being;
- Suspected amniotic fluid abnormalities;
- Suspected placental abruption;
- Adjunct to external cephalic version;
- Evaluation of premature rupture of membranes and/or premature labor;
- Evaluation of abnormal biochemical markers;
- Follow-up evaluation of a fetal anomaly;
- Follow-up evaluation of placental location for suspected placenta previa;
- History of previous congenital anomaly;
- Evaluation of the fetal condition in late registrants for prenatal care; and
- Assessment for findings that may increase the risk for aneuploidy.