



# Check The Oven

Core Imaging Lecture – Obstetric Sonography

Vincent Fu, MD (PGY-1) | 22 November 2022



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MEDICINE

## DISCLOSURES

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No financial disclosures to report.



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# Session Overview



Review of Gestational Development

Approach to Obstetric Sonography

AI-Powered Medical Computer Vision

Future of Smart Sonography

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# Gestational Development



NEW PATIENT ROOMED

22yo F presents with n/v,  
missed menstrual period.

Home pregnancy test was positive.



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# Signs & Symptoms



Amenorrhea

Nausea (+/- vomiting)

Frequency of urination (w/o dysuria)

Breast enlargement & tenderness

Fatigue



Symptoms develop **abruptly** and  
occur **daily**.

Prospective Study (n=221)

**60%** had s/s by 5-6 weeks past LMP

**90%** symptomatic by 8 weeks

GESTATIONAL DEVELOPMENT

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# First Trimester Exam & Evaluation



# Abdominal Exam / Uterus

12 wk = fundus palpable above symphysis

16 wk = fundus halfway between  
symphysis & umbilicus

# Fetal Cardiac Activity

Usually detectable @ 10-12wk gestation  
with handheld Doppler / TAUS

Fetal heart size <7mm @ 10-12wk

# Beta hCG

Doubles **q29-53h** during first 30 days after  
implantation of a viable IUP

Peak @ 8-10wk (60k-90k), wide normal range

**[!]** slower rise = consider ectopic, early embryonic demise

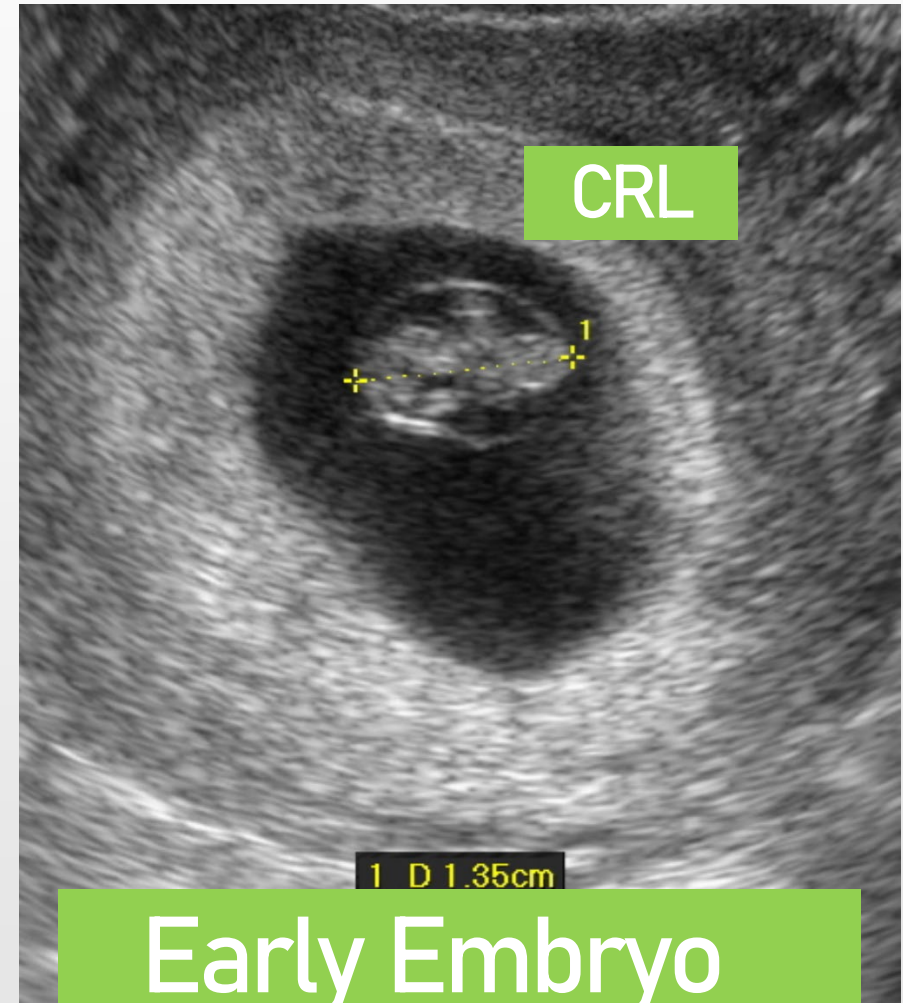
# Ultrasound (TVUS)

4-5 wk = gestational sac, intrauterine fluid

5-6 wk = yolk sac, fetal pole

+cardiac activity

# TVUS EVALUATION @ 5-6 WK



GESTATIONAL DEVELOPMENT

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# Diagnosis of Pregnancy





Formal diagnosis is based on any of the following:

Detection of **hCG** in blood or urine

Identification of pregnancy by **TVUS/TAUS**

+Fetal cardiac activity by **Doppler/US**

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# Approach to Obstetric Sonography



APPROACH TO OBSTETRIC SONOGRAPHY

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# Indications for 1TUS



## INDICATIONS FOR FIRST TRIMESTER US (1TUS)



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- Confirm presence of an **intrauterine pregnancy**
- Evaluate suspected **ectopic pregnancy**
- Evaluate **vaginal bleeding/pelvic pain**
- Estimate **gestational age**
- Diagnose/evaluate **multiple gestations**
- Confirm **cardiac activity**
- Assess fetal anomalies / uterine abnormalities
- Evaluate suspected hydatidiform mole

US is **safe for the fetus** when used appropriately  
Should be used when medical assessment needed

[ ALARA ]

[ ! ] ultrasound energy delivered to fetus cannot be assumed to be completely innocuous; theoretical concerns about **thermal effects, cavitation, vibration**

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# ED Scope of OB US



## 4-8 WEEKS GA

size, location, number of gestational sacs

yolk sac @ ~5.5 wk

embryo @ ~6 wk

+/- cardiac activity

## BEYOND 8 WEEKS GA

fetal number, presentation, anatomy, movement

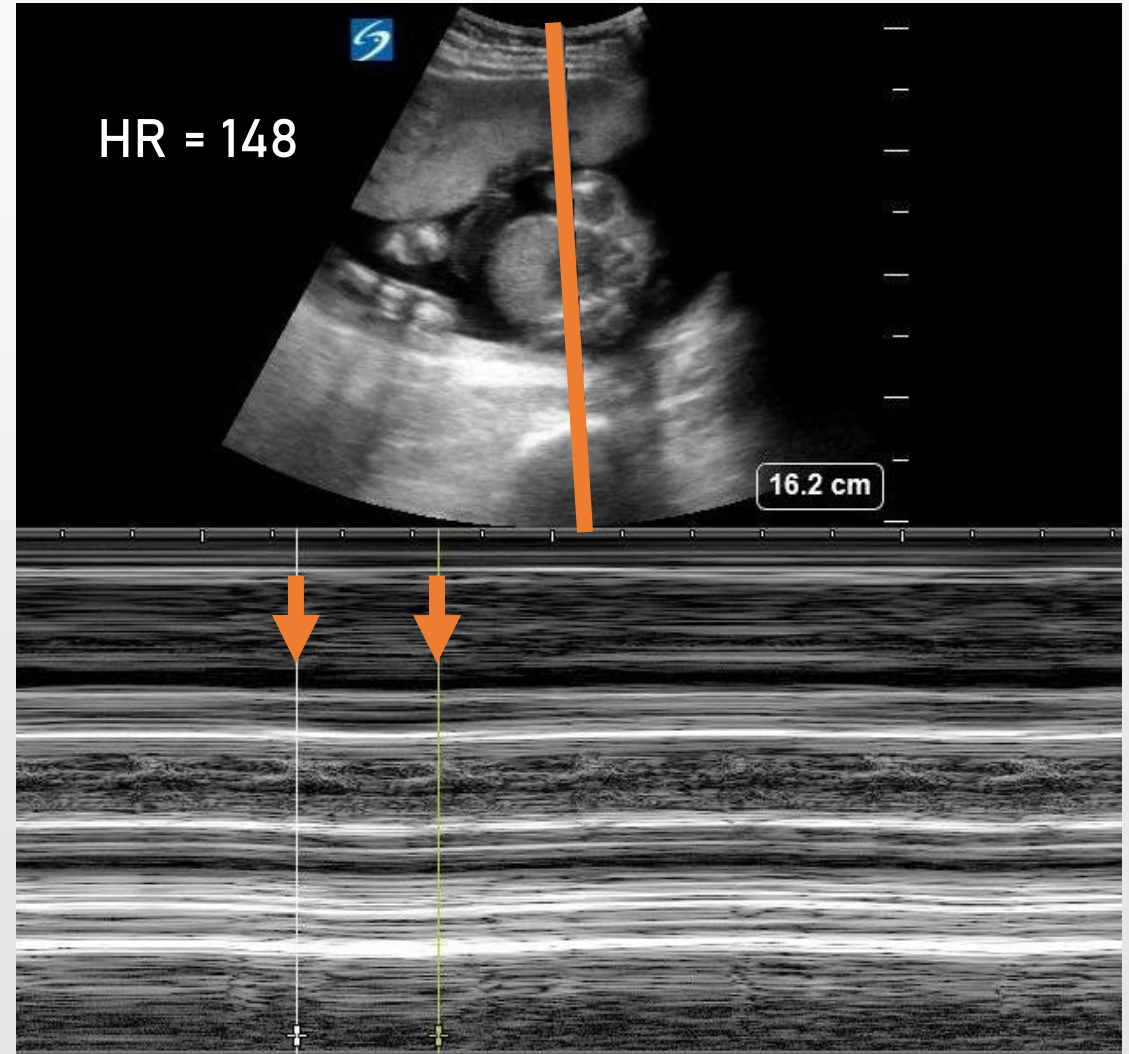
fetal cardiac activity (FHR calculation)

fetal biometry (EGA/EFW calculation)

## FHR CALCULATION

find fetal heart motion  
drop **M-mode** gate  
**FHR mode**: peak to peak

[!] don't use Doppler (ALARA)

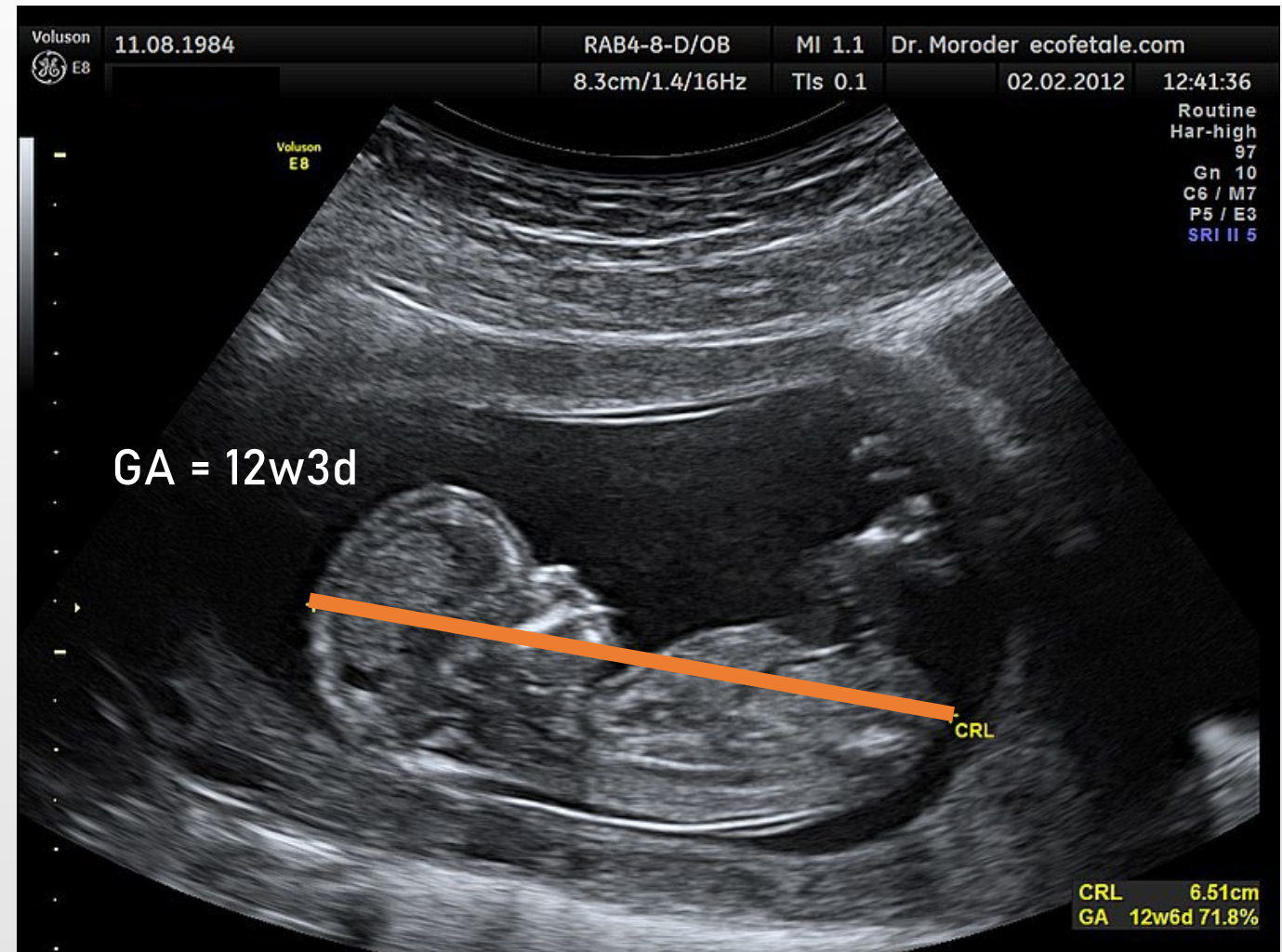




## EGA CALCULATION (CRL)

find sagittal view  
caliper/distance tool  
CRL/GA mode

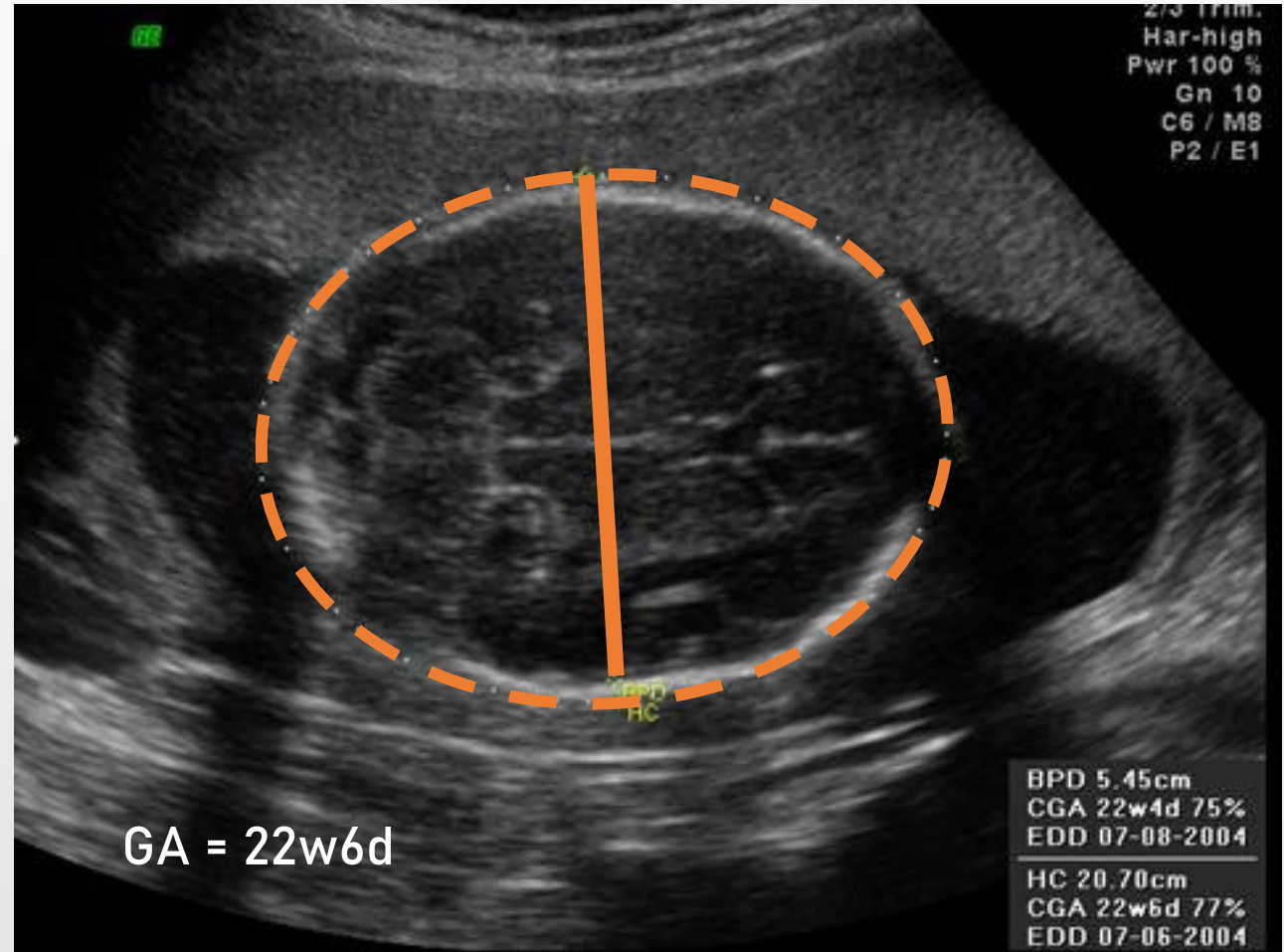
CRL most accurate in 1T  
(up to 14wk)  
if CRL >84mm, use BPD



Reference: MacKenzie AP et al. *Prenatal assessment of gestational age, date of delivery, and fetal weight*. UpToDate.  
Image: Moroder W. *Ultrasound image of the fetus at 12 weeks of pregnancy in a sagittal scan*. Wikimedia Commons.

## EGA CALCULATION (BPD/HC)

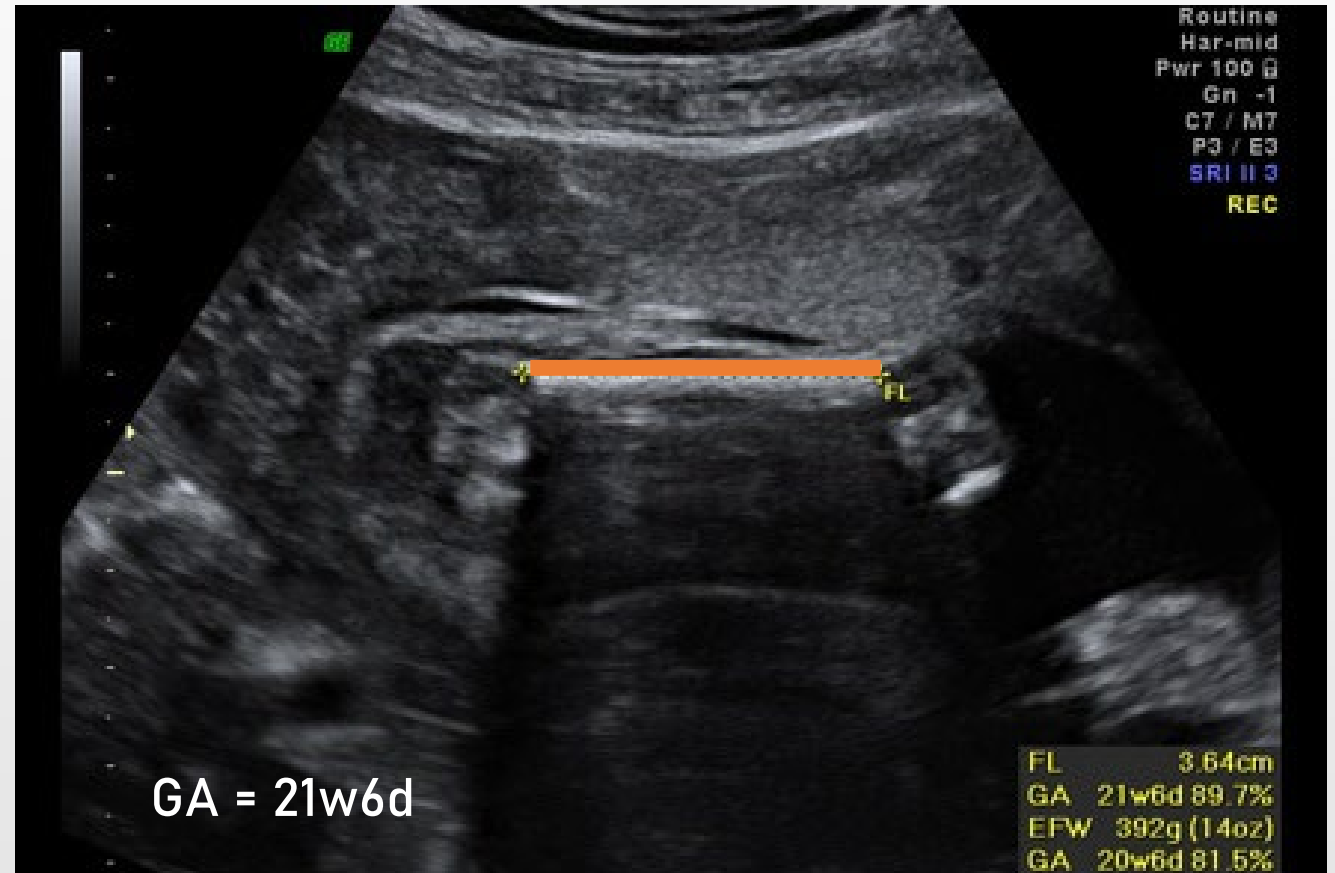
find axial view  
caliper/distance tool  
(outer edge to inner)  
BPD/HC mode



Reference: MacKenzie AP et al. *Prenatal assessment of gestational age, date of delivery, and fetal weight*. UpToDate.  
Image: *Fetal Head Measurements*. FetalUltrasound.com.

## EGA CALCULATION (FL)

locate femur  
longitudinal view  
caliper/distance tool  
FL mode

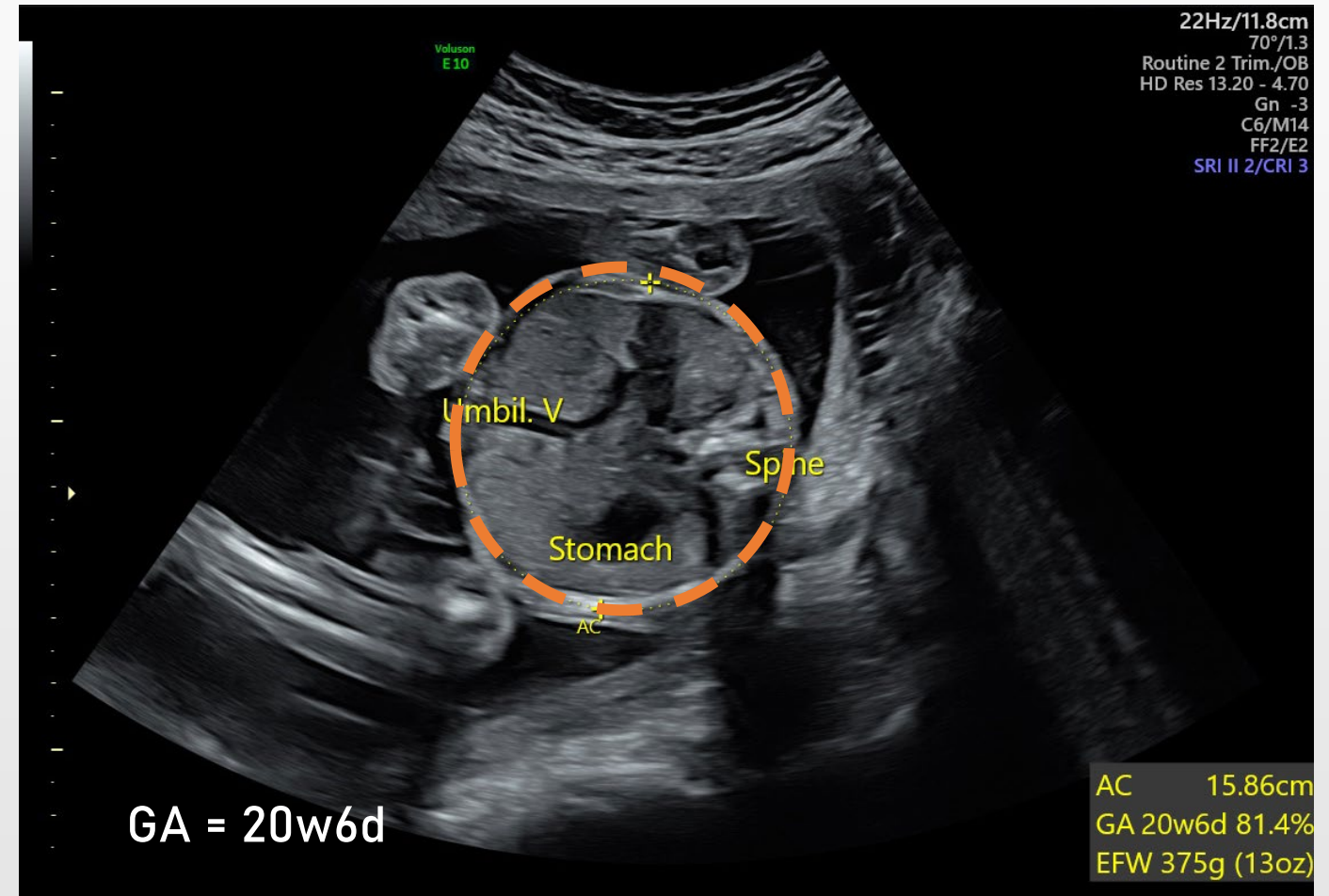


Reference: MacKenzie AP et al. *Prenatal assessment of gestational age, date of delivery, and fetal weight*. UpToDate.  
Image: Jones J. *Femur length (obstetric ultrasound)*. Radiopaedia, rID 26433.

## EGA CALCULATION (AC)

abdomen, axial view  
**AC mode**

least accurate  
if used alone



## COMBINED CALCULATIONS

System dependent, can use any/all measurement parameters

### EGA :

MSD, CRL, BPD, OFD, HC, AC, TAD, APAD, FL, HL,  
Ulna (UL), Tibia (TL), Foot (FT), FTA, BinocD (BN)

### EFW :

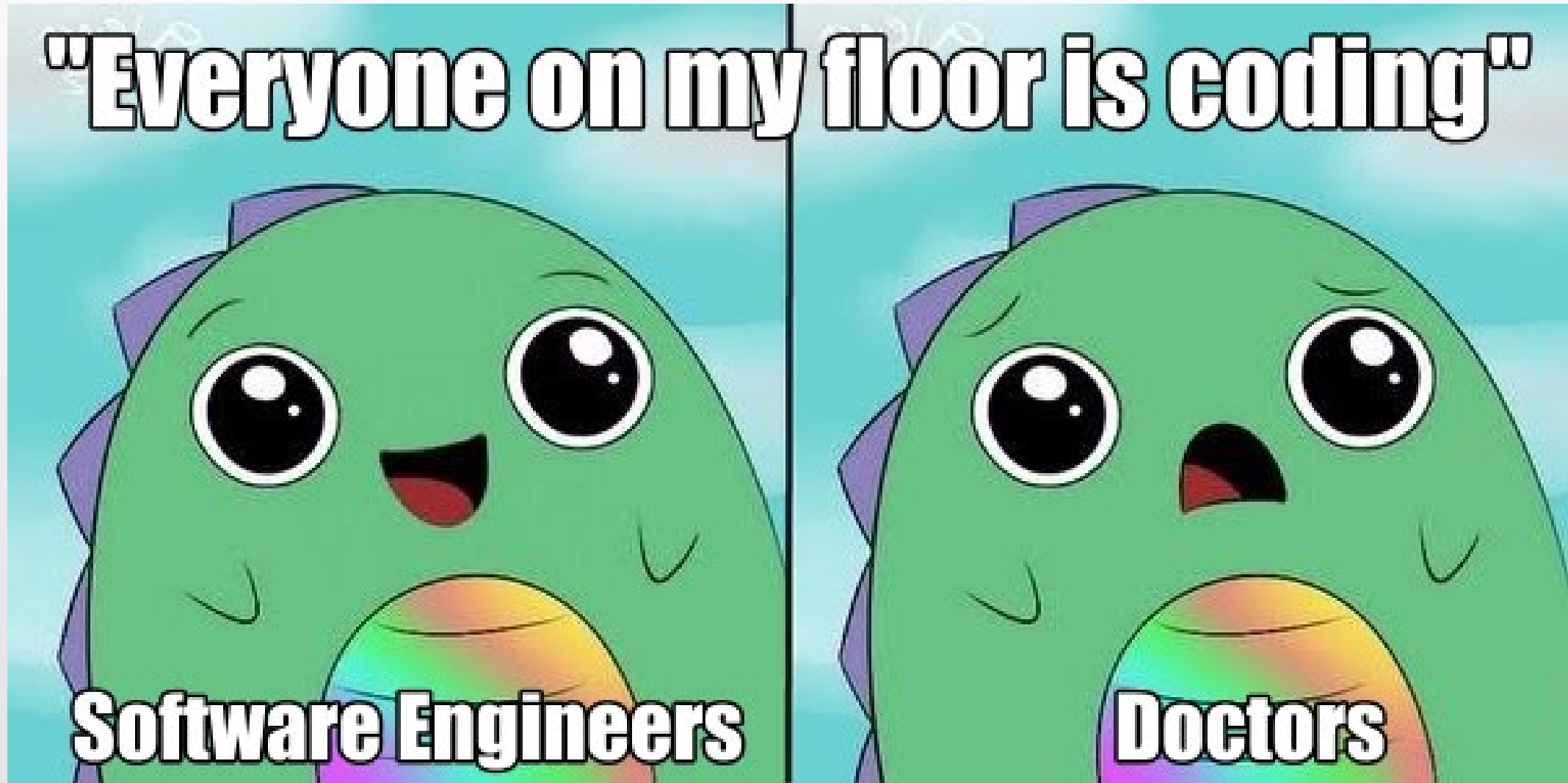
HC/AC, TCD/AC, LVW/HW, BPD<sub>a</sub>, FL/AC, FL/BPD, CI, AFI, A XT

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# AI-Powered Medical Computer Vision








REVIEW ARTICLE

OPEN



## Deep learning-enabled medical computer vision

Andre Esteva <sup>1</sup>✉, Katherine Chou<sup>2,5</sup>, Serena Yeung<sup>3,5</sup>, Nikhil Naik <sup>1,5</sup>, Ali Madani<sup>1,5</sup>, Ali Mottaghi<sup>3,5</sup>, Yun Liu <sup>2</sup>, Eric Topol<sup>4</sup>, Jeff Dean<sup>2</sup> and Richard Socher<sup>1</sup>

A decade of unprecedented progress in artificial intelligence (AI) has demonstrated the potential for many fields—including medicine—to benefit from the insights that AI techniques can extract from data. Here we survey recent progress in the development of modern computer vision techniques—powered by deep learning—for medical applications, focusing on medical imaging, medical video, and clinical deployment. We start by briefly summarizing a decade of progress in convolutional neural networks, including the vision tasks they enable, in the context of healthcare. Next, we discuss several example medical imaging applications that stand to benefit—including cardiology, pathology, dermatology, ophthalmology—and propose new avenues for continued work. We then expand into general medical video, highlighting ways in which clinical workflows can integrate computer vision to enhance care. Finally, we discuss the challenges and hurdles required for real-world clinical deployment of these technologies.

*npj Digital Medicine* (2021)4:5; <https://doi.org/10.1038/s41746-020-00376-2>



AI-POWERED MEDICAL COMPUTER VISION

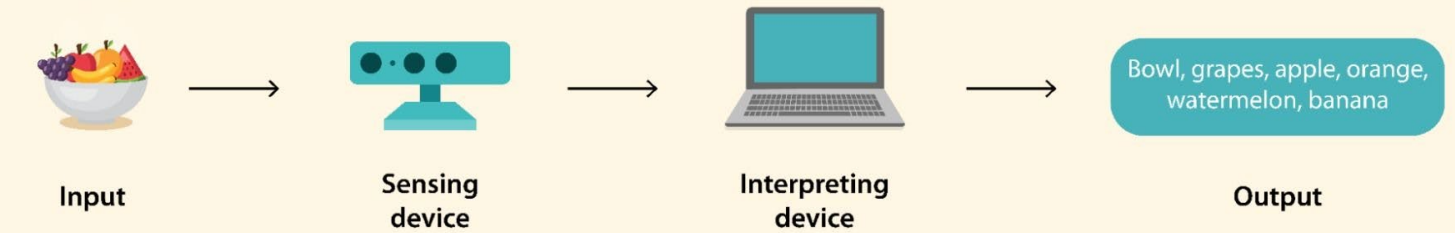
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# Brief Sidenote: Neural Networks

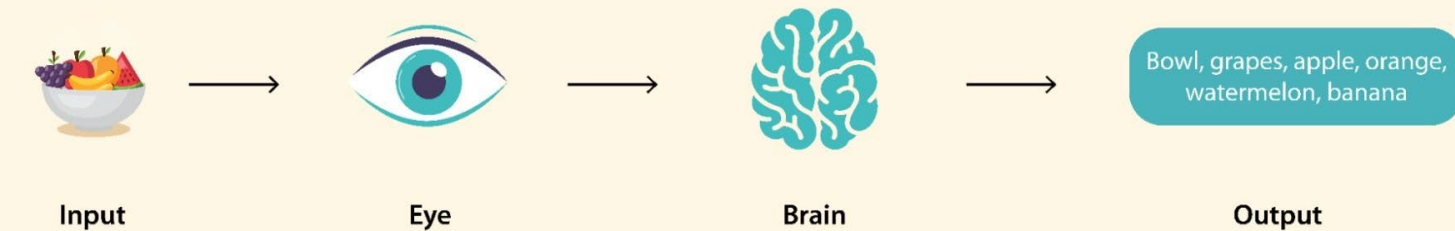


## How Does Computer Vision Work?

### Computer Vision





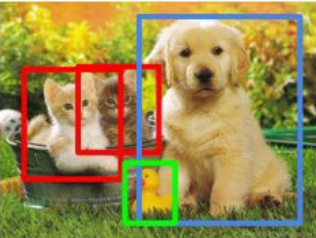

### Human Vision







# BRIEF SIDENOTE: NEURAL NETWORKS



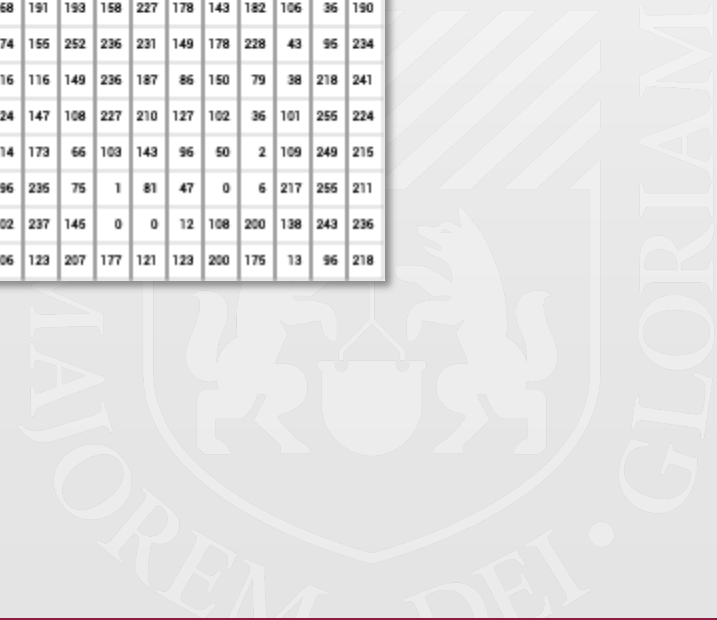
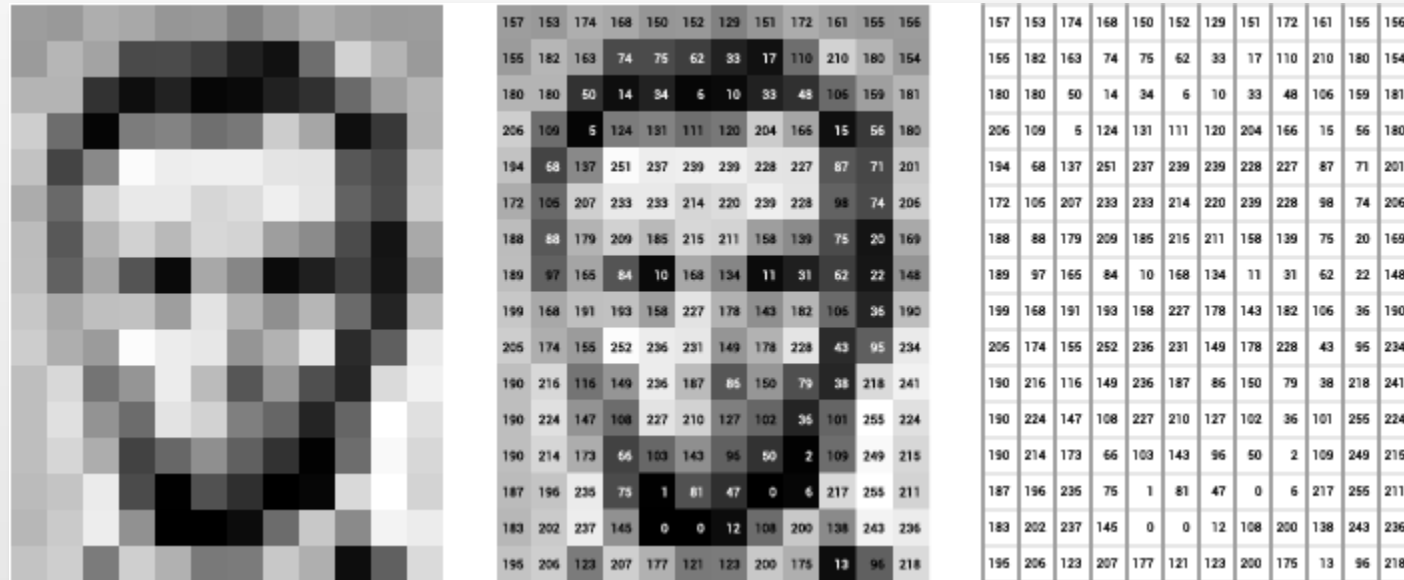
## Computer Vision Tasks

Classification	Classification + Localization	Object Detection	Instance Segmentation
			
CAT	CAT	CAT, DOG, DUCK	CAT, DOG, DUCK
Single object		Multiple objects	

Semantic Segmentation	Classification + Localization	Object Detection	Instance Segmentation
			
GRASS, CAT, TREE, SKY	CAT	DOG, DOG, CAT	DOG, DOG, CAT
No objects, just pixels	Single Object	Multiple Object	

This image is CC0 public domain

# BRIEF SIDENOTE: NEURAL NETWORKS



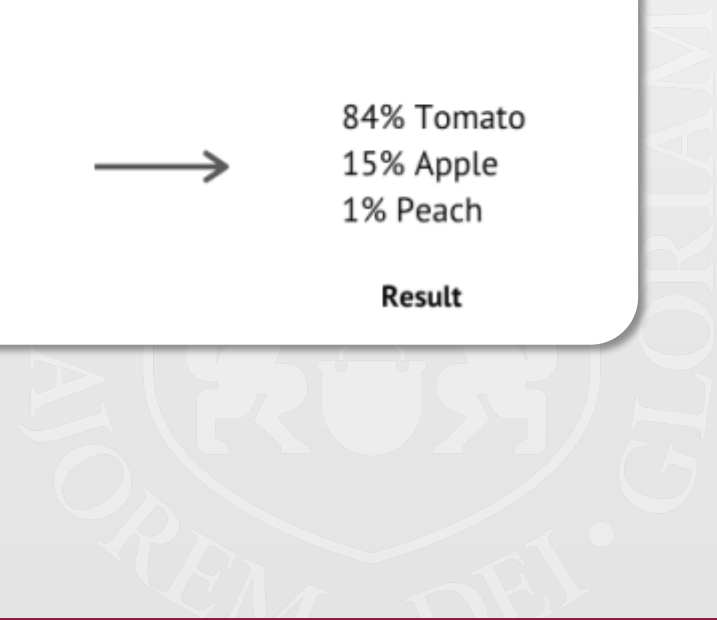
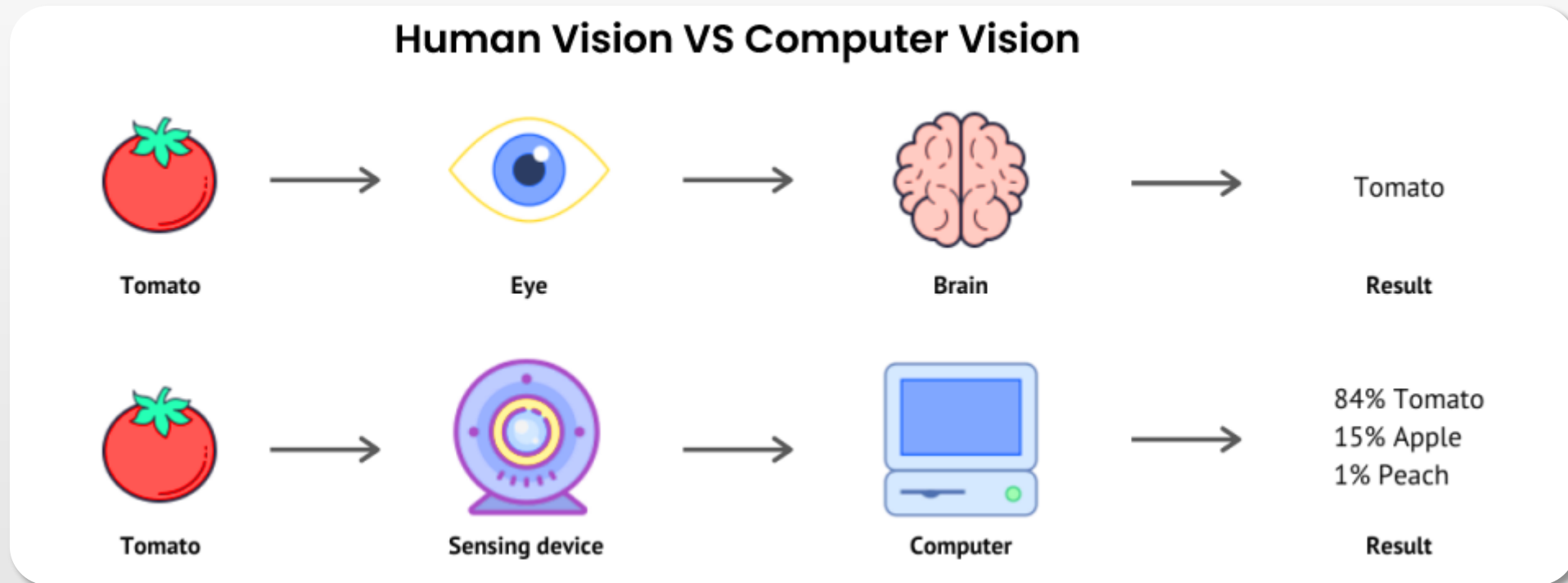
# BRIEF SIDENOTE: NEURAL NETWORKS



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# BRIEF SIDENOTE: NEURAL NETWORKS

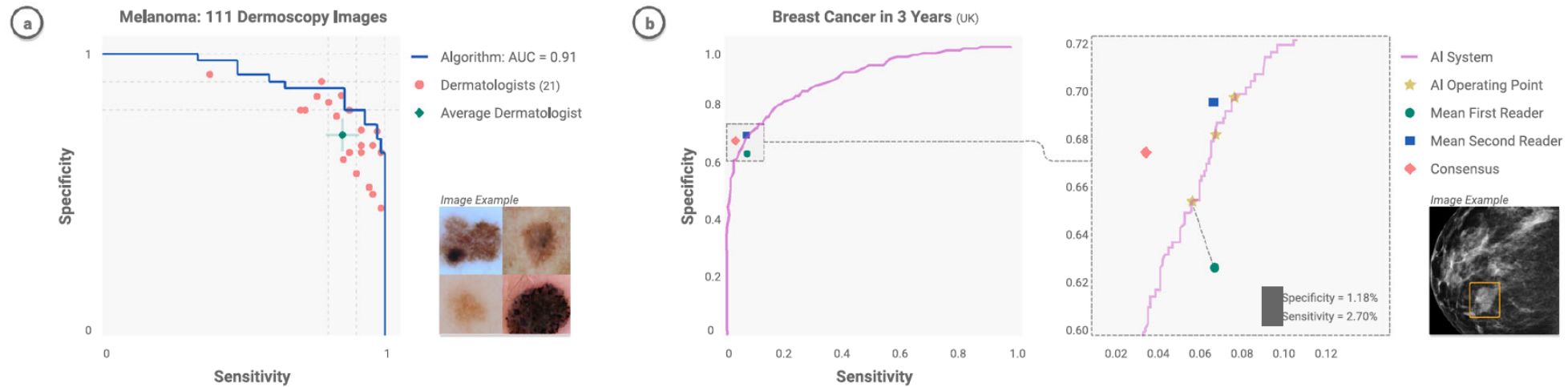


AI-POWERED MEDICAL COMPUTER VISION

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# Computer vs Physician





**Fig. 2 Physician-level diagnostic performance.** CNNs—trained to classify disease states—have been extensively tested across diseases, and benchmarked against physicians. Their performance is typically on par with experts when both are tested on the same image classification task. **a** Dermatology<sup>7</sup> and **b** Radiology<sup>8</sup>. Examples reprinted with permission and adapted for style.



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# The Future of Smart Sonography

