

Tier 1:

- **Call office immediately to notify OB/GYN or covering MD**
- **Radiologist to discuss w patient, likely send pt to office.**

- major fetal anomaly
- new abruption
- new oligo
- new severe poly
- new evidence of TTTS in monochorionic twins
- BPP $\leq 4/8$
- short cervix $<25\text{mm}$
- fetal demise
- new IUGR or IUGR with absent or reversed end-diastolic flow
- ectopic
- abnormal NT ($>3\text{mm}$)
- pelvic mass suspicious for cancer
- new TOA
- new previa or accreta spectrum (diagnosis AFTER anatomy survey)
- malpositioned IUD, with risk of pregnancy (OK to discuss w pt, no need to notify office immediately)

Tier 2:

- **Call/teams office to notify MD. Ok to send pt home.**

- minor fetal anomaly
- cervix 25-30mm
- low normal fluid

Tier 3:

- **No need for additional notification (primary MD will discuss w/ patient)**

-positive soft marker:

- CP cyst(s)*
- Shortened long bones ($< 3\%$ -tile)*
- Nuchal fold thickening ($> 6\text{ mm}$)*
- EIF*
- Echogenic bowel*
- Mild pelviectasis/pyelectasis*
- Mild ventriculomegaly*
- Enlarged cisterna magna*
- Absent nasal bone (or hypoplastic)*
- Single umbilical artery*

- macrosomia
- mild poly
- previa or low-lying placenta at anatomy US
- marginal or velamentous cord
- ovarian cyst favored to be benign
- eild endometrial thickening, polyps, fibroids, other non-acute pelvic findings