

SONOGRAPHER OBSERVATION

Graphic Report: Select LMMI Sites only

Obstetrical Ultrasound: Twins

Place Patient Demographic Label Here

THIS IS NOT A DIAGNOSTIC REPORT UNTIL IT HAS BEEN
REVIEWED BY A RADIOLOGIST
THIS REPORT IS FINAL WHEN A RADIOLOGIST'S DICTATED
REPORT IS ATTACHED

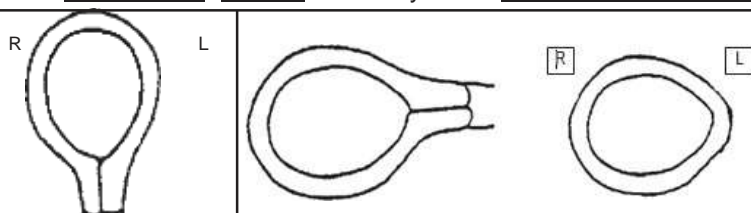
ABCD-21-06-90203 Revised:10-Mar-2023 Version:1.0 Owner: US RPL, LMI

Indication _____

G_____P_____A_____L_____ 1st US on _____ = _____ wks gestational age then

By 1st US = _____ wks gestational age today

LMP _____ = _____ wks today. EDD _____ Prev. C-section ☐ Y ☐ N Prev. Ectopic ☐ Y ☐ N



Cervix _____ cm; appears closed: ☐ Y ☐ N

Fetal Position A: _____ B: _____

Placenta _____

Chorionicity: _____

TWIN A FHR _____ bpm Fetal Movement _____

☐ Male ☐ Female ☐ Undetermined Percentile for _____ wks

CRL	mm	wks	<10%	10-90%	>90%	Interval Growth
BPD	mm	wks				
HC	mm	wks				
AC	mm	wks				
FL	mm	wks				

Amniotic Fluid: SDP _____ AFI _____ ☐ Normal ☐ Inc ☐ Dec

Est. Fetal Wt. _____ gm Fetal soft markers assessed ☐ Y ☐ N

TWIN B FHR _____ bpm Fetal Movement _____

☐ Male ☐ Female ☐ Undetermined Percentile for _____ wks

CRL	mm	wks	<10%	10-90%	>90%	Interval Growth
BPD	mm	wks				
HC	mm	wks				
AC	mm	wks				
FL	mm	wks				

Amniotic Fluid: SDP _____ AFI _____ ☐ Normal ☐ Inc ☐ Dec

Est. Fetal Wt. _____ gm Fetal soft markers assessed ☐ Y ☐ N

Fetal Detail	Twin A			Twin B			Fetal Detail	Twin A			Twin B		
	Normal	ABN	Not Seen	Normal	ABN	Not Seen		Normal	ABN	Not Seen	Normal	ABN	Not Seen
Face (orbits, lips)							Heart 4 Ch & Axis						
Cerebral Ventricles							Heart SAX						
Choroid Plexus							Stomach						
Cavum septi pelluc							Kidneys						
Nuchal thickness							Bladder						
Cisterna Magna							3VC						
Cerebellum							Abd/Plac Cord Ins						
Spine							Abd Wall						
Thorax							Bowel						
Limbs/Feet/Hands							Umb. Art. Doppler S/D:						

Observations _____

EV Probe

Sonographer _____

Sonographer reviewed this exam with a physician ☐ No

☐ Yes - Physician who reviewed the exam: _____