

Patient I.D.

SONOGRAPHER

Consent for
transvaginal ultrasound
Y/N



HISTORY:
EDD:/...../..... based on (the LMP/ the previous ultrasound/ the dates provided/ IVF transfer)

REPORT

The uterine cavity contains a DCDA / MCDA / MCMA twin pregnancy.

Twin A is located on the maternal Right / Left / Superiorly / Inferiorly.

Twin B is located on the maternal Right / Left / Superiorly / Inferiorly.

There is a **single placenta** located on thewall. (Monochorionic)

Twin A placenta is developing on thewall and **Twin B's** placenta is developing on thewall.(Dichorionic)

Twin A has a CRL measuringmm correlating to a gestational age of weeks and ...days. This is (**within / less than / greater than**) the normal range for the assumed gestational dates.

The nuchal translucency measuresmm. A nasal bone is **present / absent**.
 FHM was recorded atbpm.

Twin B has a CRL measuringmm correlating to a gestational age ofweeks and.....days. This is (**within / less than / greater than**) the normal range for the assumed gestational dates.

The nuchal translucency measuresmm. A nasal bone is **present / absent**.
 FHM was recorded atbpm.

TWIN A – FOETAL ANATOMY

Head – BPD= mm HC= mm
 Choroids, ICT , cranium

Thorax – Diaphragm

Heart – 4ch , LVOT , RVOT , situs

Abdomen – Stomach , situs , Bladder , kidneys

Spine

Upper Limbs – long bones , hands

Lower Limbs- long bones , feet

Ductus venosus

Tricuspid Valve

This is an early structural scan however a full morphology in the second trimester is recommended.

TWIN B – FOETAL ANATOMY

Head – BPD= mm HC= mm
 Choroids, ICT , cranium

Thorax – Diaphragm

Heart – 4ch , LVOT , RVOT , situs

Abdomen – Stomach , situs , Bladder , kidneys

Spine

Upper Limbs – long bones , hands

Lower Limbs- long bones , feet

Ductus venosus

Tricuspid Valve

This is an early structural scan however a full morphology in the second trimester is recommended.

MATERNAL DETAILS

Weight: _____ kg DOB CONFIRMED Y / N Smoker <input type="checkbox"/> No / Yes IVF Pregnancy <input type="checkbox"/> No Yes → Type: (normal/ frozen / donor embryo / donor egg) Ovulation Induction: No / Yes _____ Twin Pregnancy <input type="checkbox"/> No / Yes _____ Ethnicity: <input type="checkbox"/> Caucasian / Other _____ <input type="checkbox"/> Previous Trisomies / NTD: No / Yes _____
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RISK ASSESSMENT: TWIN A

Trisomy21(<i>Down Syndrome</i>)	Trisomy 18 risk:	Trisomy 13 risk:
(a) Background risk = 1: _____	(a) Background risk 1: _____	(a) Background risk 1: _____
(b) Adjusted risk = 1: _____	(b) Adjusted risk 1: _____	(b) Adjusted risk 1: _____

These results represent a **high / low** risk assessment for Trisomy 21, a **high / low** risk assessment for 18 and **high / low** for Trisomy 13.

This is a **decrease / increase** in maternal age related (background) for Trisomy T21.
 This is a **decrease / increase** in maternal age related (background) for Trisomy T18.
 This is a **decrease / increase** in maternal age related (background) for Trisomy T13.

RISK ASSESSMENT: TWIN B

Trisomy21(<i>Down Syndrome</i>)	Trisomy 18 risk:	Trisomy 13 risk:
(a) Background risk = 1: _____	(a) Background risk 1: _____	(a) Background risk 1: _____
(b) Adjusted risk = 1: _____	(b) Adjusted risk 1: _____	(b) Adjusted risk 1: _____

These results represent a **high / low** risk assessment for Trisomy 21, a **high / low** risk assessment for 18 and **high / low** for Trisomy 13.

This is a **decrease / increase** in maternal age related (background) for Trisomy T21.
 This is a **decrease / increase** in maternal age related (background) for Trisomy T18.
 This is a **decrease / increase** in maternal age related (background) for Trisomy T13.