

Patient I.D. _____

SONOGRAPHER _____

CONSENT FOR
TRANSVAGINAL SCAN
YES/NO



CLINICAL HISTORY

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

Assumed gestational age:weeks.....days.

REPORT

There is a single gestational sac containing a single live foetus.

The CRL measures mm, corresponding to a gestation ofweeks days. This is **within / less than / greater than** the normal range for the gestational dates by (**EDD / LMP**).

FHM was recorded at bpm.

The nuchal translucency measures mm.

A nasal bone is **present / absent**. The foetal cranium, spine, anterior abdominal wall, stomach, bladder and limbs are present. There are 2 umbilical arteries present.

The placenta is on thewall. The ovaries appear normal.

COMMENT: There is a single live foetus atweeksdays gestation.

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

EARLY STRUCTURAL SCAN (does not replace a full morphology scan in the second trimester)

Cranium	Stomach (situs)	Heart (Situs)	Ductus Venosus	Arms (long bones)
Choroids	Thorax	4chamber view (bmode and colour)	Tricuspid Valve	Hands
Intracranial Translucency	Diaphragm	LVOT (bmode and colour)	Orbits	Legs (long bones)
Nasal Bone	Bladder	RVOT (bmode and colour)	Kidneys	Feet
Palate	Cord Insertion	2 umbilical arteries	Placenta	Placental Cord insertion

Biochemistry Performed on ___/___/___ at _____

Bhcg: _____ MoM

PAPP: _____ MoM

DOB CONFIRMED N / Y **Weight:** ____kg

Hypertension N / Y _____ **Diabetes History** N / Y _____

Smoker No / Yes

Parity: _____

IVF Pregnancy No / Yes

(fresh / frozen / donor embryo / donor egg)

Ovulation Induction: No / Yes

Twin Pregnancy: No / Yes

Ethnicity: Caucasian / Other _____

Prev. Trisomies/NTD: No / Yes _____