|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Name:**  | **Mrs.**  | **Age/sex:**  | **Y/Female**  |
| **Ref Doctor:** | **Dr.**  | **Visit Date:** |  |

**FETAL GROWTH & DOPPLER STUDY**

**EDD BY LMP –**

**EDD BY USG- (Refer early scan reports for the accurate EDD)**

**Period of gestation (calculated from LMP) : Weeks and days**

**FETAL SURVEY:**

Twin intrauterine gestation

Presentation: **TWIN A ( Towards right side of the maternal abdomen):** Breech

 **TWIN B ( Towards left side of the maternal abdomen):** Breech

Placenta: **TWIN A:** Anterior Grade II

 **TWIN B:**

Liquor :Adequate in both sacs : cm

Fetal activity: Present.

Cardiac activity: Present.

Fetal heart rate: **TWIN A:** bpm

 **TWIN B:** bpm

**FETAL BIOMETRY:**

**TWIN A: TWIN B:**

BPD: mm (W D) BPD: mm (W D)

HC: mm (W D) HC: mm (W D)

AC: mm (W D) AC: mm (W D)

FL: mm (W D) FL: mm (W D)

**ESTIMATED FETAL WEIGHT (BPD, HC, AC, FL- Hadlock): TWIN A:+/- gms**

 **TWIN B:** **+/-gms**

**BIOPHYSICAL PROFILE FOR BOTH TWINS:** 8/8

Fetal Tone: Score 2/2,

Fetal Movements: 2/2,

Fetal Respiration:2/ 2,

Liquor: 2/2

**DOPPLER STUDY: TWIN A: TWIN B:**

Umbilical artery PI: , Normal Umbilical artery PI: , Normal

MCA PI: , Normal MCA PI: , Normal

Cerebroplacental Ratio (CPR): >1 Normal.

Right Uterine PI: , Normal.

Left Uterine PI: , Normal.

Fetal brain, spine, face, stomach, both kidneys, bladder and extremities to the extent visualized are grossly normal. 4 chamber heart and outflow tracts are seen.

**IMPRESSION:**

**• DIAMNIOTIC DICHORIONIC TWIN LIVE INTRAUTERINE GESTATION.**

**• PRESENTATION: TWIN A:**

 **TWIN B:**

**• PLACENTA: TWIN A:**

 **TWIN B:**

**• GESTATIONAL AGE BY FETAL BIOMETRY: TWIN A: Weeks Days**

 **TWIN B: Weeks Days**

**• FETAL GROWTH: WITHIN NORMAL LIMITS**

**• LIQUOR VOLUME: ADEQUATE IN BOTH SACS: CM**

**• DOPPLER STUDY: NORMAL**

**• FETAL BIOPHYSICAL PROFILE SCORE: 8/8**

**Please note:**

All abnormalities and genetic syndromes cannot be ruled out by ultrasound examination.

Ultrasound examination has its own limitations. Some abnormalities evolve as the gestation advances. The detection rate of abnormality depends on gestational age of the fetus, fetal position, tissue penetration of sound waves, and patients body habitus

**Declaration:**

 I Dr.., declare that while conducting ultrasonography on this patient, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

 **Dr.**

 **MBBS.DMRD.DNB**

 **Consultant Radiologist**