

TRUE NORTH IMAGING

SONOGRAPHER TWIN COMPARISON OBSTETRICAL WORKSHEET

NOTE: THIS IS NOT A REPORT

PATIENT NAME: _____

DATE: _____ DD/MM/YYYY

CLINICAL HISTORY: _____

PREVIOUS SCAN AT TNI FOR THIS PREGNANCY _____

TWIN A

PLACENTA LOCATION _____ DISTANCE FROM OS _____ cm

AFV: NORMAL _____ INCREASED _____ DECREASED _____

AFI _____ mm (_____ %ile RANGE

FTL HEART RATE: _____ bpm

POSITION _____

BPD _____ cm _____ wks _____ day

HC _____ cm _____ wks _____ day

AC _____ cm _____ wks _____ day

FL _____ cm _____ wks _____ day

GEST AGE BY THIS U/S _____ WEEKS _____ DAY:

TODAYS FETAL WEIGHT _____

MINUS PREVIOUS FTL WEIGHT = _____

INTERVAL WEIGHT GAIN

TWIN B

PLACENTA LOCATION _____ DISTANCE FROM OS _____ cm

AFV: NORMAL _____ INCREASED _____ DECREASED _____

AFI _____ mm (_____ %ile RANGE

FTL HEART RATE: _____ bpm

POSITION _____

BPD _____ cm _____ wks _____ day

HC _____ cm _____ wks _____ day

AC _____ cm _____ wks _____ day

FL _____ cm _____ wks _____ day

GEST AGE BY THIS U/S _____ WEEKS _____ DAY:

TODAYS FETAL WEIGHT _____

MINUS PREVIOUS FTL WEIGHT = _____

INTERVAL WEIGHT GAIN

COMMENTS:

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PATIENT NAME: _____

DATE: _____ DD/MM/YYY'

TWIN A

	SEEN	NOT SEEN	ABN
FETAL SPINE:			
CERV/THOR/LUM			
SACRAL TAPER			
FETAL FACE:			
NOSE/LIPS			
PROFILE			
LENS			
FETAL HEART:			
4 CHAMBER HRT			
RVOT			
LVOT			
AO ARCH			
FETAL ABD:			
DIAPHRAGM			
STOMACH			
BOWEL			
KIDNEYS			
BLADDER			
3 VESSEL CORD			
CORD INSERTION			
EXTREMITIES:			
RT/LT HAND	/		
RT/LT FOOT	/		
UPP EXT			
LWR EXT			

TWIN B

	SEEN	NOT SEEN	ABN
FETAL SPINE:			
CERV/THOR/LUM			
SACRAL TAPER			
FETAL FACE:			
NOSE/LIPS			
PROFILE			
LENS			
FETAL HEART:			
4 CHAMBER HRT			
RVOT			
LVOT			
AO ARCH			
FETAL ABD:			
DIAPHRAGM			
STOMACH			
BOWEL			
KIDNEYS			
BLADDER			
3 VESSEL CORD			
CORD INSERTION			
EXTREMITIES:			
RT/LT HAND	/		
RT/LT FOOT	/		
UPP EXT			
LWR EXT			