



Memorial Outpatient Clinic

987 Medical Circle
Houston, TX 77098



Detailed Survey Report

| | | | |
|-----------------------|-----------------------------|----------------------|-----------------------------|
| Patient Name: | Barnes, Joan | Study Date: | 07/01/2014 12:11pm |
| Patient No. | 632421951 | Referring MD: | Brendan Hicks, MD |
| Height: | 60 in | Sonographer: | Jenny Jordan, RDMS |
| Weight: | 200 lb | DOB, Age: | 01/02/1982, 32 |
| LMP: | 01/02/2014 | Pregnancies: | Gravida 2, Para 1 |
| GA by LMP: | 25w5d | GA Selected: | 25w4d (From Baseline Study) |
| GA by Baseline Study: | 25w4d | EDD: | 10/10/2014 |
| GA by Today's US: | 24w6d | | |
| History/Indications: | Evaluation of fetal anatomy | | |

Background & Risk

Clinical

Maternal Risk Factors: Diabetes, Obesity

Fetal Evaluation, Placenta

| | | | |
|------------------------|-------------------------|-------------------------------|--|
| Presentation: | Breech, Left | Fetal Heart Rate: | 155 bpm |
| Placenta: | Anterior, Right lateral | Amniotic Fluid Volume: | |
| Grade: | Grade III | MVP: | 5 cm |
| Previa: | No previa seen | Biophysical Profile: | 8/8 |
| Appearance: | Heterogenous | | Breathing 2, Tone 2, Movement 2, AFV 2 |
| Umbilical Cord: | 3 Vessels | | |

Biometry & Growth

| Measurement | GA | Range | Source | % for 25w4d | Ratios |
|-------------|-------|---------------|---------|-------------|-------------------------------|
| BPD 6.2 cm | 25w1d | (23w0d-27w3d) | Hadlock | BPD 43% | FL/BPD 0.74 (0.71 - 0.87) |
| HC 23.5 cm | 25w4d | (23w3d-27w5d) | Hadlock | HC 51% | FL/AC 0.23 (0.20 - 0.24) |
| AC 20.1 cm | 24w5d | (22w4d-27w0d) | Hadlock | AC 34% | HC/AC 1.17 (1.01 - 1.20) |
| FL 4.6 cm | 25w2d | (23w1d-27w3d) | Hadlock | FL 45% | Ceph. Ind. 0.72 (0.70 - 0.86) |
| Cere 2.9 cm | 25w4d | (23w4d-27w4d) | Hill | Cere 50% | |
| NB 1.0 cm | | (00.7-01.1) | Sonek | NB 67% | |

GA for sonogram 24w6d (23w0d - 26w5d)
based on (BPD, HC, AC, FL) Hadlock

Fetal Weight Estimate

Weight: 762 gm / 1lbs, 10oz (650 - 873gm) Hadlock
Normal: 802 gm (531 - 1253gm) Brenner
Wt% 44% for 25w4d

Fetal Anatomy

| Fetal Anatomy | Normal | Abnormal | Suboptimal | Prev. Seen | Fetal Anatomy | Normal | Abnormal | Suboptimal | Prev. Seen |
|---------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| Cranium | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Bladder | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nuchal Translucency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Body | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Face/Profile | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Upper Extremities | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Nasal Bone | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Lower Extremities | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Heart | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Skin | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Abdominal Wall | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Skeleton | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Stomach | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | |

Doppler

| | | |
|---------------------------|---------------|---------------------------|
| Umbilical Artery 1 | | Umbilical Artery 2 |
| PSV 80.2 cm/s | EDV 25.0 cm/s | PSV 75.0 cm/s |
| S/D 3.21 (2.28 - 4.74) | | EDV 20.0 cm/s |
| RI 0.69 (0.57 - 0.80) | | S/D 3.75 (2.28 - 4.74) |
| | | RI 0.73 (0.57 - 0.80) |

Maternal Anatomy

Cervix: Length: 3.0 cm Approach: Transvaginal
Normal length.

Clinical Summary

Maternal Demographics

The patient is a 32 year old, Gravida 2, Para 1 who presents for fetal growth evaluation.

Technique Transabdominal sonographic images were obtained in accordance with AIUM guidelines.

Scan Quality Adequate

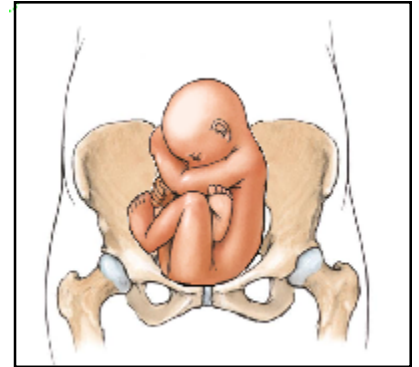
Fetal Environment

Presentation Breech

Placenta
Findings No abnormality seen
Position Anterior
Previa No Previa

Amniotic Fluid is normal

Umbilical Cord 3 Vessel cord



Limited evaluation of the bilateral maternal adnexa showed no significant abnormalities.

Preliminary findings were reported to referring provider at the time the exam was completed.

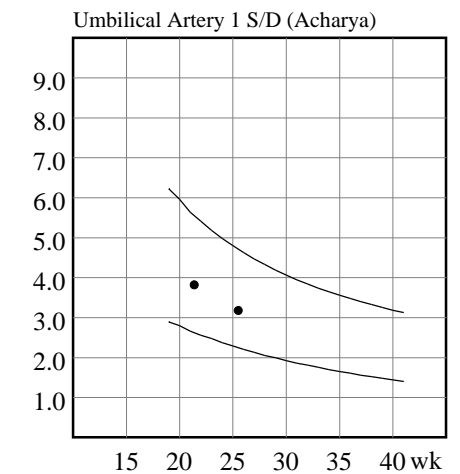
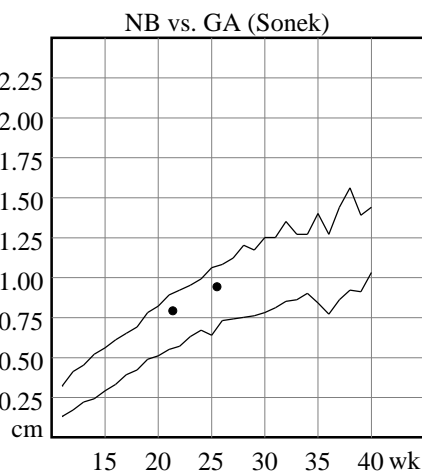
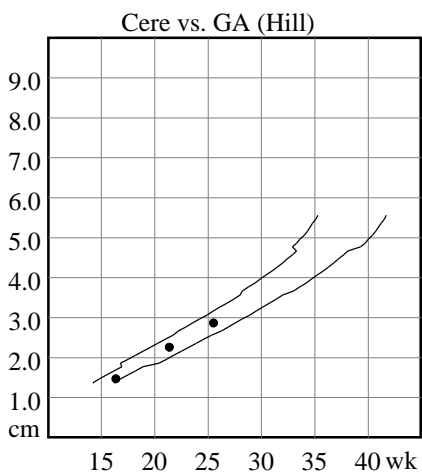
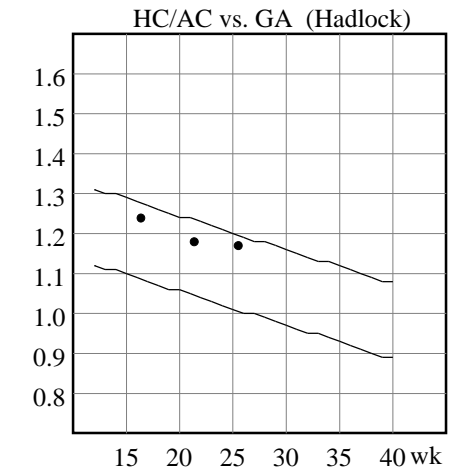
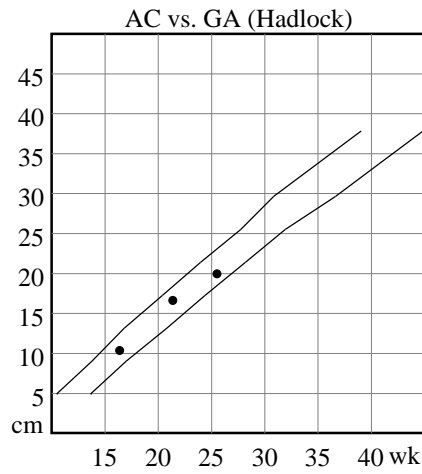
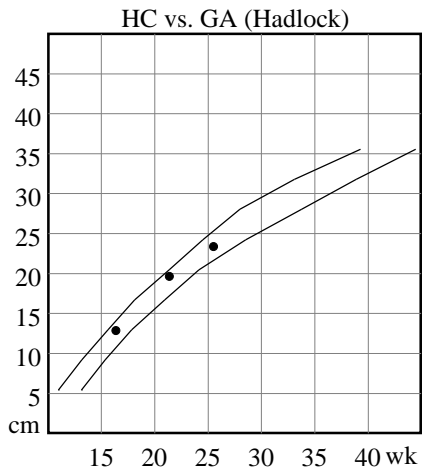
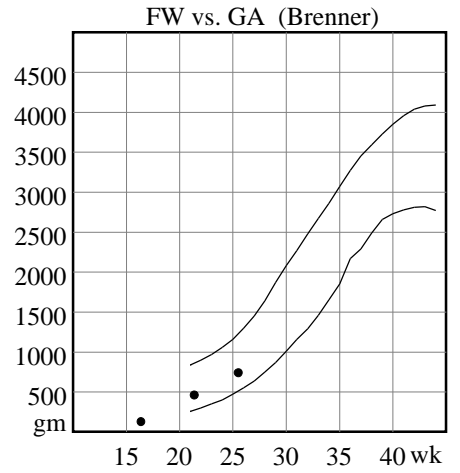
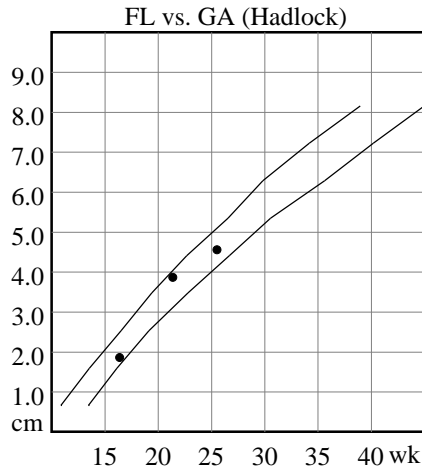
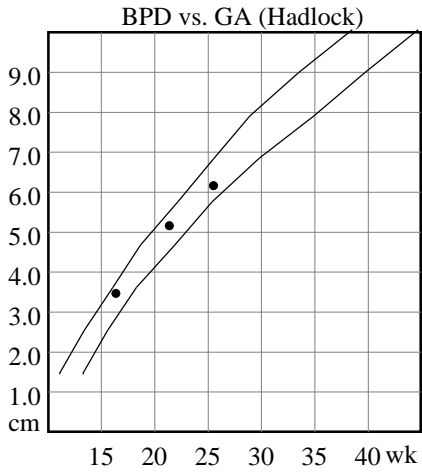
Impression

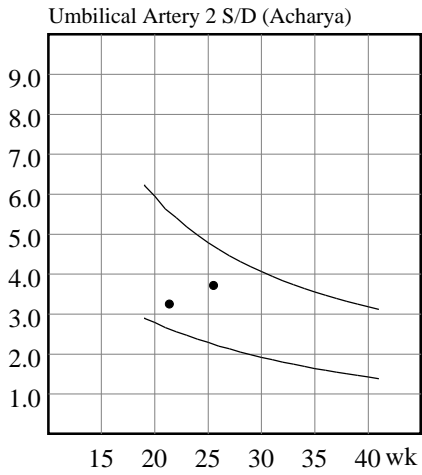
A single live intrauterine pregnancy. Overall fetal size is appropriate. Individual growth parameters are concordant. See individual fetal biometric percentiles in the Biometry & Growth section above.

No abnormalities were detected on today's ultrasound:

Preliminary findings were given to attending physician.

James Howard, MD





PATIENT VISIT SUMMARY

| Study Date | GA | FW | FW% | BPD | FL | HC | AC | HC/AC |
|------------|-------|-----|-----|-----|-----|------|------|-------|
| 04/28/2014 | 16w3d | 146 | | 3.5 | 1.9 | 13.0 | 10.5 | 1.24 |
| 06/02/2014 | 21w3d | 476 | 54 | 5.2 | 3.9 | 19.8 | 16.8 | 1.18 |
| 07/01/2014 | 25w4d | 762 | 44 | 6.2 | 4.6 | 23.5 | 20.1 | 1.17 |



Memorial Medical Center

123 Medical Drive
Houston, TX 77098



Detailed Survey Report

| | | | |
|-----------------------------|-------------------------------|----------------------|----------------------------|
| Patient Name: | Duncan, Leslie | Study Date: | 02/16/2014 8:16am |
| Patient No. | 724593685 | Referring MD: | Brendan Hicks, MD |
| LMP: | 10/05/2013 | Sonographer: | Amelia Warner, RDMS |
| GA by LMP: | 19w1d EDD: 07/12/2014 | DOB, Age: | 04/15/1980, 33 |
| History/Indications: | Twin pregnancy size and dates | Pregnancies: | Gravida 2, Para 1 |
| | | GA Selected: | 20w5d (From Largest Fetus) |
| | | EDD: | 07/01/2014 |

Procedure, Technique

| | |
|---|---------------------|
| Procedure: Second trimester exam | CPT-4: 76812 |
| Technique: Transabdominal | ICD: V23.9 |

Fetus A

Fetal Evaluation, Placenta

| | | | |
|------------------------|---------------------------------|-------------------------------|---------|
| Presentation: | Cephalic, Left | Fetal Heart Rate: | 134 bpm |
| Placenta: | Anterior, Left lateral | Cardiac Activity: | Present |
| Grade: | Grade I | Gender: | Female |
| Previa: | No previa | Amniotic Fluid Volume: | Normal |
| Appearance: | Normal | | |
| Membrane: | Dichorionic/Diamniotic | MVP: | 4.2 cm |
| Cord Insert: | Mid insertion | | |
| Umbilical Cord: | 3 Vessels , Placental insertion | | |

Biometry & Growth

| Measurement | GA | Range | Source | % for 20w5d | Ratios |
|-------------|-------|---------------|---------|-------------|-------------------------------|
| BPD 4.9 cm | 20w6d | (19w1d-22w4d) | Hadlock | BPD 54% | FL/BPD 0.69 |
| HC 17.9 cm | 20w2d | (18w6d-21w6d) | Hadlock | HC 24% | FL/AC 0.21 |
| AC 15.9 cm | 21w0d | (18w6d-23w1d) | Hadlock | AC 53% | HC/AC 1.13 (1.06 - 1.24) |
| FL 3.4 cm | 20w5d | (18w6d-22w3d) | Hadlock | FL 39% | Ceph. Ind. 0.77 (0.70 - 0.86) |
| HL 3.2 cm | 20w5d | (18w0d-23w3d) | Jeanty | HL 50% | |
| Cere 2.2 cm | 20w5d | (18w6d-22w4d) | Hill | Cere 50% | |
| RtLV 1.0 cm | | | | RtLV | |
| LtLV 0.9 cm | | | | LtLV | |
| CMag 0.6 cm | | | | CMag | |

GA for sonogram 20w5d (19w0d - 22w3d)
based on (BPD, HC, AC, FL) Average

Fetal Weight Estimate
Weight: 379 gm / 0lbs, 13oz (324 - 434gm) Hadlock
Normal: 380 gm (285 - 475gm) Hadlock
Wt% 50% for 20w5d

Fetal Anatomy

| Fetal Anatomy | Normal | Abnormal | Suboptimal | Prev. Seen | Fetal Anatomy | Normal | Abnormal | Suboptimal | Prev. Seen |
|---------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Cranium | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | RVOT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CSP | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stomach | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Falx Cerebri | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Abdominal Wall | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cerebral Ventricles | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Right Kidney | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Choroid Plexus | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Left Kidney | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cerebellum | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bladder | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cisterna Magna | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cervical Spine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nuchal Fold | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thoracic Spine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Face/Profile | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lumbar Spine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Orbits | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sacral Spine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nose/Lips | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Right Upper Ext | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Palate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Left Upper Ext | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cardiac Axis/Size | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Right Lower Ext | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Four Chamber | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Left Lower Ext | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LVOT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

Fetus B

Fetal Evaluation, Placenta

| | | | |
|------------------------|---------------------------------|-------------------------------|---------|
| Presentation: | Cephalic, Left | Fetal Heart Rate: | 134 bpm |
| Placenta: | Anterior, Left lateral | Cardiac Activity: | Present |
| Grade: | Grade I | Gender: | Female |
| Previa: | No previa | Amniotic Fluid Volume: | Normal |
| Appearance: | Normal | | |
| Membrane: | Dichorionic/Diamniotic | MVP: | 5.1 cm |
| Cord Insert: | Mid insertion | | |
| Umbilical Cord: | 3 Vessels , Placental insertion | | |

Biometry & Growth

| Measurement | GA | Range | Source | % for 20w5d | Ratios |
|-------------|-------|---------------|---------|-------------|-------------------------------|
| BPD 4.7 cm | 20w1d | (18w4d-21w6d) | Hadlock | BPD 28% | FL/BPD 0.68 |
| HC 17.6 cm | 20w1d | (18w4d-21w4d) | Hadlock | HC 15% | FL/AC 0.21 |
| AC 15.2 cm | 20w3d | (18w2d-22w4d) | Hadlock | AC 32% | HC/AC 1.16 (1.06 - 1.24) |
| FL 3.2 cm | 20w0d | (18w1d-21w5d) | Hadlock | FL 17% | Ceph. Ind. 0.74 (0.70 - 0.86) |
| HL 3.0 cm | 19w6d | (17w1d-22w4d) | Jeanty | HL 36% | |
| Cere 2.1 cm | 20w0d | (18w1d-21w6d) | Hill | Cere 32% | |
| RtLV 0.9 cm | | | | RtLV | |
| LtLV 1.0 cm | | | | LtLV | |
| CMag 0.6 cm | | | | CMag | |

GA for sonogram 20w1d (18w3d - 22w0d)
based on (BPD, HC, AC, FL) Average

Fetal Weight Estimate
Weight: 338 gm / 0lbs, 11oz (289 - 388gm) Hadlock
Normal: 380 gm (285 - 475gm) Hadlock
Wt% 30% for 20w5d

Fetal Anatomy

| Fetal Anatomy | Normal | Abnormal | Suboptimal | Prev. Seen | Fetal Anatomy | Normal | Abnormal | Suboptimal | Prev. Seen |
|---------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Cranium | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stomach | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CSP | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Abdominal Wall | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Falx Cerebri | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Right Kidney | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cerebral Ventricles | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Left Kidney | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Choroid Plexus | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bladder | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cerebellum | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cervical Spine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cisterna Magna | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thoracic Spine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nuchal Fold | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lumbar Spine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Face/Profile | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sacral Spine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nose/Lips | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Right Upper Ext | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cardiac Axis/Size | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Left Upper Ext | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Four Chamber | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Right Lower Ext | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LVOT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Left Lower Ext | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RVOT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |

Maternal Anatomy

Cervix: **Approach:** Transabdominal
Funneling: No

| | | | |
|-----------------|-------------------|-----------------|--------------------|
| Ovaries: | LxHxW (cm) | Vol (cc) | Description |
| Right | 2.8 x 3.1 x 2.7 | 12.3 | Appears normal |
| Left | 3.7 x 3.1 x 3.0 | 18.0 | Appears normal |

Clinical Summary

The patient is a 33 year old, Gravida 2, Para 1 who presents for fetal anatomical survey. A live dichorionic-diamniotic twin intrauterine pregnancy at 20w5d is identified.

TWIN A:

Fetal size is consistent with an EDD of 07/01/2014.

Normal amniotic fluid volume.

No structural abnormalities were detected on today's ultrasound.

TWIN B:

Fetal size is consistent with an EDD of 07/01/2014.

Normal amniotic fluid volume.

No structural abnormalities were detected on today's ultrasound.

Recommendations:

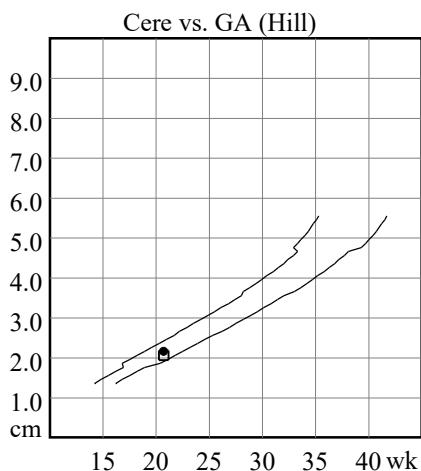
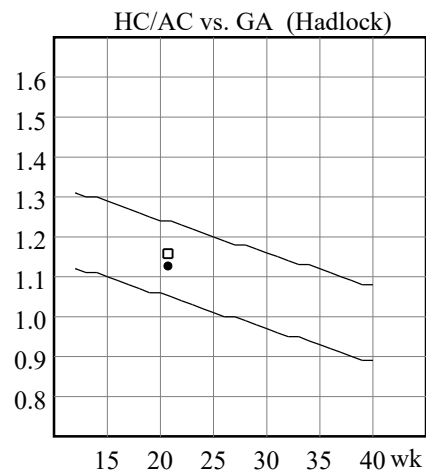
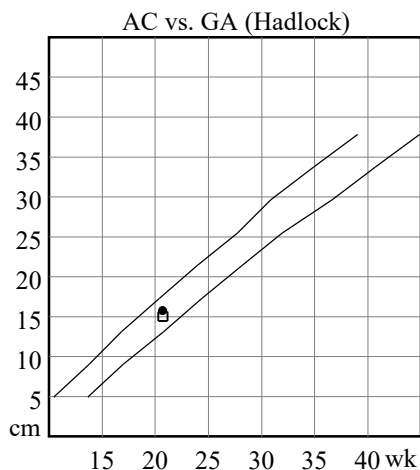
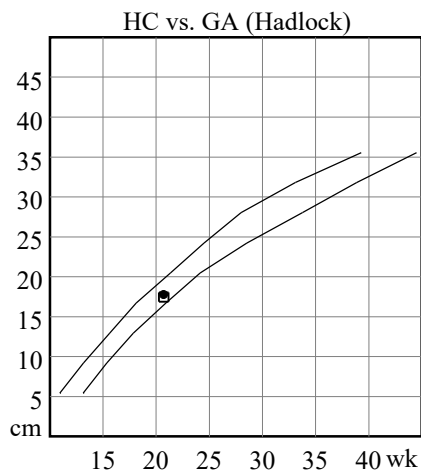
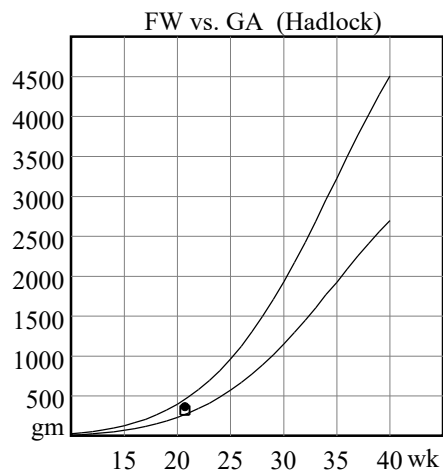
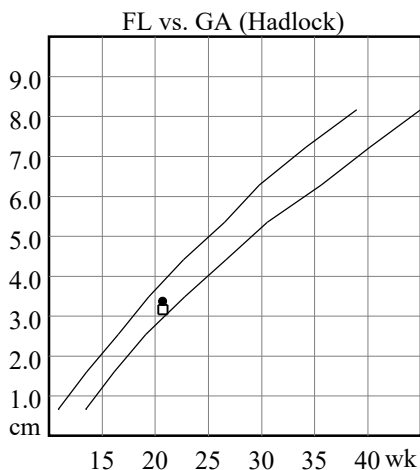
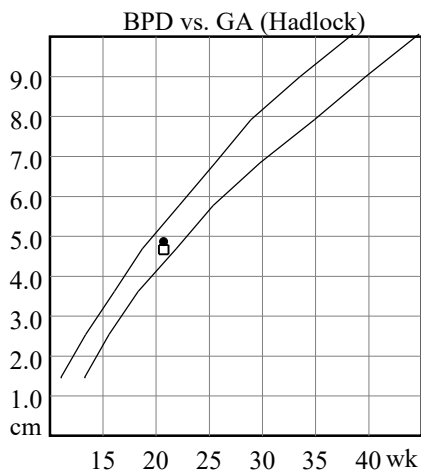
1. Follow-up ultrasound in four weeks for interval growth assessment

<Electronic Signature>

02/17/2014 7:23am

Andrew Beverly, MD

Revised



• Fetus A □ Fetus B

PATIENT VISIT SUMMARY

| Study Date | GA | FW | FW% | BPD | FL | HC | AC | HC/AC |
|------------|---------|-----|-----|-----|-----|------|------|-------|
| 02/16/2014 | A 20w5d | 379 | 50 | 4.9 | 3.4 | 17.9 | 15.9 | 1.13 |
| | B 20w5d | 338 | 30 | 4.7 | 3.2 | 17.6 | 15.2 | 1.16 |



Memorial Medical Center

123 Medical Drive
Houston, TX 77098



Growth/BPP Report

| | | | |
|--------------------------|------------------------|----------------------|------------------------------|
| Patient Name: | Smith, Leslie | Study Date: | 03/30/2014 10:46am |
| Patient No. | 725339836 | Referring MD: | Frieda West, MD |
| LMP: | 07/05/2013 | Sonographer: | Sam Smith, RDMS |
| GA by LMP: | 38w2d | DOB, Age: | 06/13/1979, 34 |
| GA by First US: | 37w6d | Pregnancies: | Gravida 2, Para 1000 |
| GA by Today's US: | 35w0d | GA Selected: | 38w0d (From First US) |
| | EDD: 04/11/2014 | EDD: | 04/13/2014 |
| | EDD: 04/14/2014 | | |
| | EDD: 05/04/2014 | | |

Fetus A

Fetal Evaluation, Placenta

| | | | |
|------------------------|-------------------------|---------------------------------|---|
| Presentation: | Breech, Right | Fetal Heart Rate: | 133 bpm |
| Placenta: | Anterior, Right lateral | Amniotic Fluid Volume: | Oligohydranmios |
| Grade: | Grade III | | |
| Previa: | No previa | AFI: 5.9 cm (7.3 - 23.8) | 1.5 1.7 |
| Appearance: | Heterogenous | | 1.2 1.5 |
| Umbilical Cord: | 3 Vessels | | |
| | | Biophysical Profile: | 8/10 |
| | | | Breathing 2, Tone 2, Movement 2, AFV 0, NST 2 |

Biometry & Growth

| Measurement | GA | Range | Source | % for 38w0d | Ratios |
|-------------|-------|---------------|---------|-------------|--------------------------------|
| BPD 9.5 cm | 38w5d | (35w4d-42w0d) | Hadlock | BPD 60% | FL/BPD 0.72 (0.71 - 0.87) |
| HC 32.0 cm | 36w0d | (33w3d-38w5d) | Hadlock | HC 17% | FL/AC 0.22 (0.20 - 0.24) |
| AC 31.1 cm | 35w0d | (32w0d-38w0d) | Hadlock | AC <05% | HC/AC 1.03 (0.90 - 1.09) |
| FL 6.8 cm | 35w0d | (32w0d-38w0d) | Hadlock | FL <05% | Ceph. Ind. 0.88 (0.70 - 0.86)* |

GA for sonogram 35w0d (32w3d - 37w3d)
based on (HC, AC, FL) Hadlock

Fetal Weight Estimate (19% Discordant, Fetus C&A)
Weight: 2603 gm / 5lbs, 11oz (2218 - 2989gm) Hadlock
Normal: 3245 gm (2434 - 4056gm) Hadlock
Wt% 13% for 38w0d

Fetal Anatomy

| Fetal Anatomy(A) | Normal | Abnormal | Suboptimal | Prev. Seen | Fetal Anatomy(A) | Normal | Abnormal | Suboptimal | Prev. Seen |
|---------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| Cranium | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stomach | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| CSP | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Abdominal Wall | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cerebral Ventricles | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Right Kidney | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Choroid Plexus | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Left Kidney | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cerebellum | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Bladder | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cisterna Magna | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Bowel | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Face/Profile | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cervical Spine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Orbits | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Thoracic Spine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Nose/Lips | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Lumbar Spine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Palate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sacral Spine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Chest contour | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Right Upper Ext | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Heart Rate/Rhythm | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Left Upper Ext | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Four Chamber | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Right Hand | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| LVOT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Left Hand | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| RVOT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Right Lower Ext | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Aortic Arch | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Left Lower Ext | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Ductal Arch | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Right Foot | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Diaphragm | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Left Foot | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Fetus B

Fetal Evaluation, Placenta

Presentation: Breech, Right **Fetal Heart Rate:** 133 bpm
Placenta: Anterior **Amniotic Fluid Volume:** Oligohydramnios
Grade: Grade III **AFI:** 5.9 cm (7.3 - 23.8) 1.7 | 1.5
Previa: No previa 1.5 | 1.2
Appearance: Heterogenous
Umbilical Cord: 3 Vessels

Biophysical Profile: 8/10
 Breathing 2, Tone 2, Movement 2, AFV 0, NST 2

Biometry & Growth

| Measurement | GA | Range | Source | % for 38w0d | Ratios |
|-------------|-------|---------------|---------|-------------|-------------------------------|
| BPD 9.2 cm | 37w3d | (34w1d-40w4d) | Hadlock | BPD 40% | FL/BPD 0.82 (0.71 - 0.87) |
| HC 33.4 cm | 38w1d | (35w3d-40w6d) | Hadlock | HC 52% | FL/AC 0.23 (0.20 - 0.24) |
| AC 32.6 cm | 36w4d | (33w4d-39w4d) | Hadlock | AC 27% | HC/AC 1.02 (0.90 - 1.09) |
| FL 7.5 cm | 38w3d | (35w2d-41w3d) | Hadlock | FL 55% | Ceph. Ind. 0.77 (0.70 - 0.86) |

GA for sonogram 37w4d (35w2d - 39w6d)
 based on (BPD, HC, AC, FL) Hadlock

Fetal Weight Estimate
 Weight: 3161 gm / 6lbs, 15oz (2699 - 3622gm) Hadlock
 Normal: 3245 gm (2434 - 4056gm) Hadlock
 Wt% 45% for 38w0d

Fetal Anatomy

| Fetal Anatomy(B) | Normal | Abnormal | Suboptimal | Prev. Seen | Fetal Anatomy(B) | Normal | Abnormal | Suboptimal | Prev. Seen |
|---------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| Cranium | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stomach | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| CSP | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Abdominal Wall | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cerebral Ventricles | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Right Kidney | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Choroid Plexus | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Left Kidney | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cerebellum | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Bladder | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cisterna Magna | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Bowel | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Face/Profile | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cervical Spine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Orbits | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Thoracic Spine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Nose/Lips | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Lumbar Spine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Palate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sacral Spine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Chest contour | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Right Upper Ext | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Heart Rate/Rhythm | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Left Upper Ext | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Four Chamber | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Right Hand | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| LVOT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Left Hand | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| RVOT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Right Lower Ext | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Aortic Arch | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Left Lower Ext | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Ductal Arch | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Right Foot | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Diaphragm | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Left Foot | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Fetus C

Fetal Evaluation, Placenta

Presentation: Transverse, Superior **Fetal Heart Rate:** 140 bpm
Placenta: Anterior **Amniotic Fluid Volume:** Oligohydramnios
Grade: Grade III **AFI:** 5.9 cm (7.3 - 23.8) 1.2 | 1.7
Previa: No previa 1.5 | 1.5
Appearance: Heterogenous
Cord Insert: Mid insertion
Umbilical Cord: 3 Vessels

Biophysical Profile: 6/10
 Breathing 0, Tone 2, Movement 2, AFV 0, NST 2
 Fetal breathing seen with less than 30 seconds identified.

Biometry & Growth

| Measurement | GA | Range | Source | % for 38w0d | Ratios |
|-------------|-------|---------------|---------|-------------|-------------------------------|
| BPD 9.1 cm | 36w6d | (33w5d-40w1d) | Hadlock | BPD 34% | FL/BPD 0.81 (0.71 - 0.87) |
| HC 34.2 cm | 39w3d | (36w5d-42w1d) | Hadlock | HC 73% | FL/AC 0.22 (0.20 - 0.24) |
| AC 33.2 cm | 37w1d | (34w1d-40w1d) | Hadlock | AC 36% | HC/AC 1.03 (0.90 - 1.09) |
| FL 7.4 cm | 37w6d | (34w5d-41w0d) | Hadlock | FL 47% | Ceph. Ind. 0.73 (0.70 - 0.86) |

GA for sonogram 37w5d (35w3d - 40w0d)
 based on (BPD, HC, AC, FL) Hadlock

Fetal Weight Estimate (19% Discordant, Fetus C&A)
 Weight: 3234 gm / 7lbs, 2oz (2762 - 3706gm) Hadlock
 Normal: 3245 gm (2434 - 4056gm) Hadlock
 Wt% 49% for 38w0d

Fetal Anatomy

| Fetal Anatomy | Normal | Abnormal | Suboptimal | Prev. Seen | Fetal Anatomy | Normal | Abnormal | Suboptimal | Prev. Seen |
|---------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-----------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| Cranium | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stomach | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| CSP | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Abdominal Wall | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cerebral Ventricles | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Right Kidney | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Choroid Plexus | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Left Kidney | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cerebellum | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Bladder | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cisterna Magna | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Bowel | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Face/Profile | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cervical Spine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Orbits | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Thoracic Spine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Nose/Lips | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Lumbar Spine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Palate | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Sacral Spine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Chest contour | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Right Upper Ext | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Heart Rate/Rhythm | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Left Upper Ext | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Four Chamber | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Right Hand | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| LVOT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Left Hand | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| RVOT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Right Lower Ext | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Aortic Arch | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Left Lower Ext | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Ductal Arch | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Right Foot | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Diaphragm | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Left Foot | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Maternal Anatomy

Cervix: Length: 2.5 cm

Clinical Summary

The patient is a 34 year old, Gravida 2, Para 1000 who presents for fetal growth evaluation.

Live triplet intrauterine pregnancy at 38w0d

TRIPLET A:

The placenta for Triplet A is Anterior, Right lateral.

The fetus is in Breech position.

Fetal size is consistent with established EDD of 04/13/2014. Decreased amniotic fluid volume. Limited repeat fetal anatomy evaluation is normal.

TRIPLET B:

The placenta for Triplet B is Anterior, Left lateral.

The fetus is in Breech position.

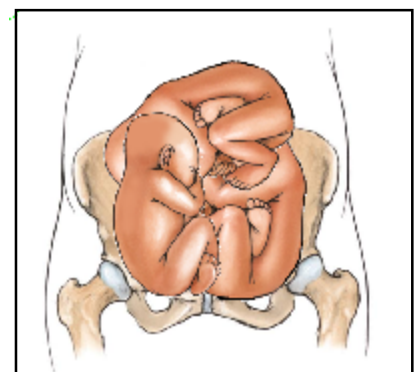
Fetal size is consistent with established EDD of 04/13/2014. Decreased amniotic fluid volume. Limited repeat fetal anatomy evaluation is normal.

TRIPLET C:

The placenta for Triplet C is Anterior.

The fetus is in Transverse position.

Fetal size is consistent with established EDD of 04/13/2014. Normal amniotic fluid volume. Limited repeat fetal anatomy evaluation is normal.



Impression

Live triplet intrauterine pregnancy at 38w0d

No structural abnormalities were detected on today's ultrasound.

The cervix is shortened.

Maternal pelvis is unremarkable.

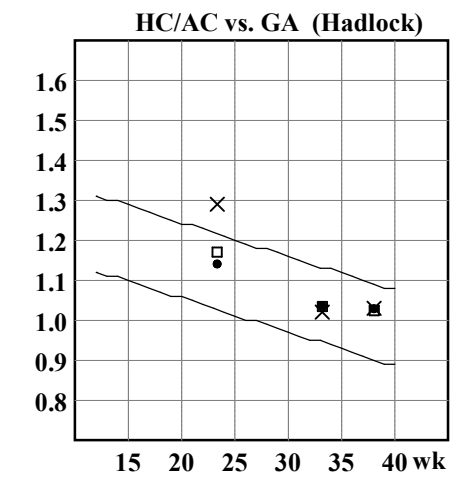
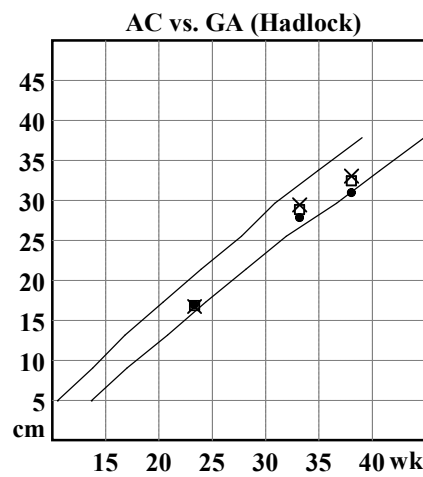
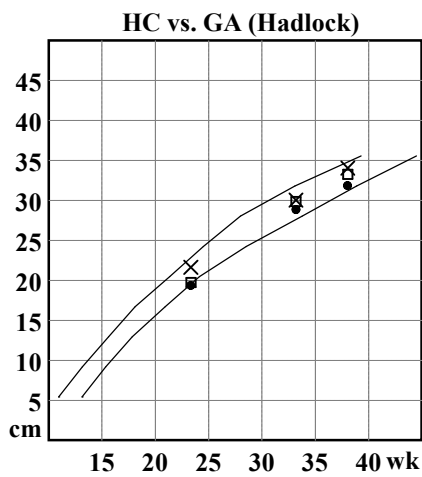
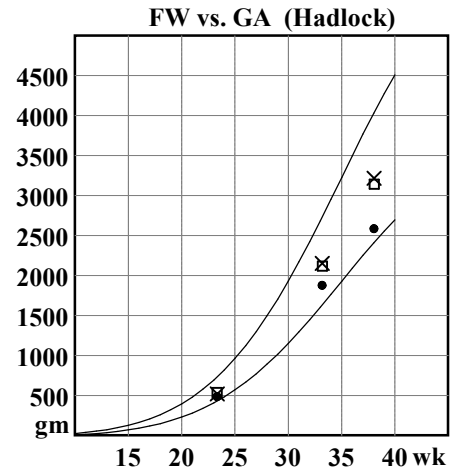
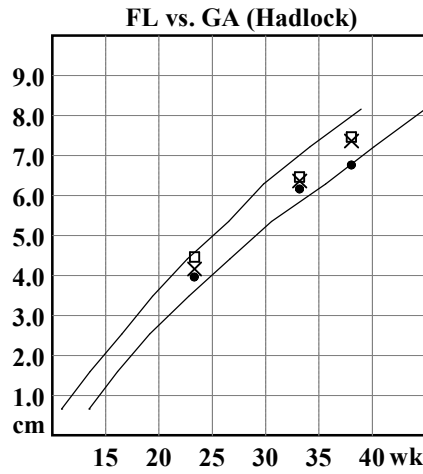
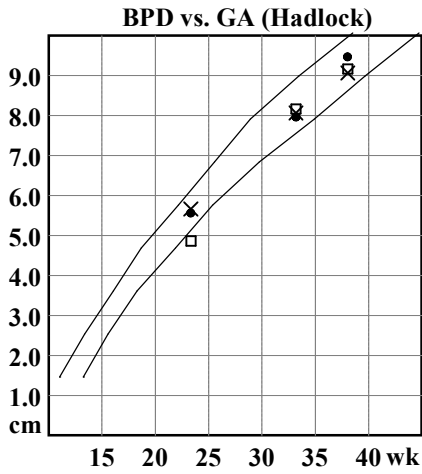
Consultation

We discussed the etiology of oligohydramnios, including preterm premature rupture of the membranes, dehydration, renal abnormalities, and placental insufficiency. The patient gives no history suggestive of PROM and appears well hydrated. I therefore explained that oligohydramnios was important as a marker for placental function, including placental oxygen and nutrition delivery. Placental insufficiency may be due to environmental factors, such as cigarette smoke, or maternal factors, such as hypertension or autoimmune conditions. Whilst placental insufficiency is generally manifest by poor fetal growth, it is possible that oligohydramnios may be an early finding prior to this. I have therefore recommended that she refrain from strenuous activity and endeavor to improve placental blood flow by recumbent rest. I will reassess fetal growth in 2 weeks time; in the mean time I have advised the patient to obtain twice weekly NST/AFIs and perform daily fetal movement counts.

Recommendations:

1. Follow-up ultrasound as clinically indicated.

Andrew Beverly, MD



• Fetus A □ Fetus B × Fetus C

PATIENT VISIT SUMMARY

| Study Date | GA | FW | FW% | BPD | FL | HC | AC | HC/AC |
|------------|---------|------|-----|-----|-----|------|------|-------|
| 12/18/2013 | A 23w2d | 501 | 18 | 5.6 | 4.0 | 19.5 | 17.1 | 1.14 |
| | B 23w2d | 556 | 36 | 4.9 | 4.5 | 19.9 | 17.0 | 1.17 |
| | C 23w2d | 539 | 30 | 5.7 | 4.2 | 21.8 | 16.9 | 1.29 |
| 02/24/2014 | A 33w1d | 1896 | 24 | 8.0 | 6.2 | 29.0 | 28.0 | 1.04 |
| | B 33w1d | 2136 | 44 | 8.2 | 6.5 | 30.0 | 29.0 | 1.03 |
| | C 33w1d | 2170 | 47 | 8.1 | 6.4 | 30.2 | 29.6 | 1.02 |
| 03/30/2014 | A 38w0d | 2603 | 13 | 9.5 | 6.8 | 32.0 | 31.1 | 1.03 |
| | B 38w0d | 3161 | 45 | 9.2 | 7.5 | 33.4 | 32.6 | 1.02 |
| | C 38w0d | 3234 | 49 | 9.1 | 7.4 | 34.2 | 33.2 | 1.03 |