Name:Mrs. KAMINI PANCHBHAI **Date:05/09/2022**
Age/Sex: 31 Y/F **Ref by: DR. VARSHA TAORI**

OBSTETRIC ULTRA-SONOGRAPHY (ANOMALY SCAN)

E/o single live intrauterine pregnancy with changing presentation and lie.
Internal Os is closed. cervical length is 4 cm. No fluid in cervical canal.
Placenta is posterior with right lateral extension position. Well away from internal Os.
Liquor is adequate for this gestation.
Movements and cardiac activity regular.
Cardiac acceleration with movements normal (FHR-143).

LMP: - 21/04/2022 **GA(LMP): - 19 W 4 D** **EDD(LMP): - 26/01/2023.**

BPD	**4.7 cm**	**20 W 2 D**
HC	**17.45 cm**	**20 W 0 D**
AC	**15.03 cm**	**20 W 2 D**
FL	**3.2 cm**	**20 W 1 D**

Average US gestational maturity **19 wks 6 days.**
EDD:24/01/2023 **EFW: 336.94 Gms**

FETAL ANATOMY

Head

Head appears normal in size and shape.
Midline falx,thalami and cavum septum pellucidum seen.
Lateral ventricles 0.54 cm normal.
Cerebellum appears normal.
Ductus venosus P.I- 0.51 normal.
Trance cerebellum diameter- 1.8 cm normal.
Right uterine artery P.I- 0.60 normal.
Left uterine artery P.I- 0.62 normal
Cisterna magna appears 0.46 normal.
Nuchal fold- 0.40 normal.
No space occupying lesion.

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Face

Fetal face is visualized in profile and coronal scans.
Both eyeballs,nose,lips appear normal.

Thorax

4chamber view of heart,outflow tracts and three vessel trachea view appear normal.
Fetal heart rate,rhythm appear normal measuring 143bpm.
Both lungs visualized.
No space occupying lesion.

Abdomen

Situs appeared normal.
Anterior abdominal wall appears normal.
Stomach appeared normal for gestation.

Umbilical cord appears normal and reveals two arteries and one vein.
Normal bowel pattern appropriate for gestational age.

KUB
Both kidneys appear normal in size.
Urinary bladder appeared normal.

Spine
Spine is seen in coronal,transverse and sagittal planes.
Normal alignment of vertebrae was recorded.
No obvious space occupying lesion seen.

Limbs
All 4 limbs seen
All long bones seen and appear normal for gestation.
Fetal movements are present.

Impression:

- Single live intrauterine gestation,corresponding to Gestational age of 19 Weeks 6 Days in changing presentation with adequate liquor and growing appropriate for gestation.
- Placenta is posterior position.
- Sonic EDD:-24/01/2023.
- Estimated fetal weight :according to BPD,HC,AC& FL is approximately-336.94 gms.

The mother has option of second trimester aneuploidy screening with qudraple marker test.
The mother understands that the ultrasonography or serum biochemical testing(double marker,quadruple marker tests)are indirect tests for screening of aneuploidies and the only confirmative test for aneuploidies is by invasive testing which carries a risk of miscarriage of 1in 300.

Dr. Rajeshwar S. Gudadhe
M.B.B.S., D.M.R.E.
Reg. No. 2008/01/0036

Dr. RAJESHWAR GUDADHE
MBBS, DMRE
Consultant Radiologist

- **This Is Well Explained To Mother And Relatives That All Fetal Anomalies May Not Always Be Imaged due To Fetal Position And Movements,Amniotic Fluid Volume,Abdominal Wall Thickness/Scars And Technically Due To The Sonography Machine And Probe.**
- **All congenital anomalies cannot be detected at anomaly scan.Information given is based on the findings of the scan done today.No obvious anomaly does not necessarily guarantee structural and functional normality of fetal organs today or in future.Fetal digits and ear examination is not a part of routine anomaly scan.**
- **Note:These Reports Are For Assisting Doctors/Physicians In Their Treatment And Not For Medio – Legal Purposes And Should Be Correlated Clinically.**

DISCLALMER FOR ANOMALY SCAN

General Disclaimer

- Patient's identity is based on her own declaration.
- This investigation has been done as per request of the referring doctor.
- Diagnosis of ultrasonography is based on various echoes and shadows produced by both normal and abnormal tissues, variety of disease process may produce similar echopattern or shadows.
- Science of ultrasonography machine and probe all have their own limitations even the most sophisticated ultrasound machine can make error in interpreting echoes and has limitations in diagnosing lesions Desparity in final diagnosis can occur due to technical pitfalls like false positive and negative result hence only the report should not be taken as final diagnosis but should be correlated clinically with other investigation. In case of disparity between report and clinical evaluation, second opinion is always advisable before commencing final treatment.
- It must be noted that detailed fetal anatomy may not always be visible due to technical difficulties related to fetal position, amniotic fluid volume, fetal movements and maternal abdominal wall thickness.
- Not all fetal anomalies can be detected at every examination.
- All measurement including fetal weight is subject to statistical variations ,Different author growth chart of same parameter varies and should be considered during interpretation of report s.
- This scan is comprehensive obstetric sonography scan and is not intended to guarantee the absence of birth defects or congenital anomalies. Not all birth defect are present during the pregnancy. If no abnormalities are found on scan, this is not a guarantee of a healthy child.

Anomaly scan specific disclaimer

- Basic evaluation of heart is done in this examination. Fetal echoes is not part of this study fetal echoes is a dedicated study to be done separately around 22-24 week when visualization of fetal heart is better.
- Objective for anomaly scan is ahead to be feat structural survey with the aim of picking up anomalies.
- Detection rate of spina bifida is 70%, orofacial clefts are 73%, bone dysplasia is 62%.
- Achondroplasia can be diagnosed only after 24 weeks.
- Difficult to detect anomalies on anomaly scan are lober holoprosencephaly, partial agenesis of corpus callosum closed spinal bifida.
- Posterior fossa cystic anomalies are difficlt to classify.

- Even in expert hands some fetal CNS anomalies may be difficult or impossible to diagnose
- Abnormalities of the fetal hard palate particularly the secodary palate,can be challenging to evaluate with 3D ultrasonograhy and requires 3rd for proper evauation.

List of evolving anomalies (anomalies not present in earlier scan presenting late and may be detected on follow up scan or in neonatalperiod)

1. Brain -microcephaly ,ventriculomegaly,corpus colossal agenesis, partial corpus callosal agenesis,vein of galen malformation
2. Face -micrognathia,retrognathia
3. Heart- coarctation of aorta, hypoplastic left heart syndrome, ebstein's anomaly, atrial septal defect, ventricular septal defect, partial anomalous pulmonary venous connections.
4. Thorax-abenomatoid lung malformation(CPAM), congenital high airway obstrution syndrome (CHAOS), pulmonary sequestration,pleural effusion, trachea -esophageal atresia
5. Abdomen -diaphragmatic hernia, oesphageal atresia, dudenal atresia jejunal atresia, anorectal malformation, mesenteric cyst, gonadal cyst.
6. Bone achondroplasia, craniosyonostosis.

Many thanks for referral

Declaration of doctor/person conducting ultrasonography/image scanning

I ,Dr Rajeshwar S. Gudadhe ,declare that while conducting ultrasonography,I have neither detected nor disclosedthe sex of fetus to anybody in any manner.

(P.Sit must be noted that detailed fetal anatomy may not always be clear due to technical difficulties related to advanced gestational age,fetal position ,reduced liquor,maternal abdominal wall thickness,fetal movements etc.therefore all fetal anamolies may not be detected.also kindly note that ear and digits examination is not the routine part of this exam.)

In light of COVID-19 situation all precautionary measures such assterlization of surfaces and USG probes with recommended disinfectants as per norms and frequent handwashing with soap and water and maintenance of social distancing as per guidelines has been done.Patients and realatives have been fully explained the possible risk of COVID - 19 in hospital setting despite utmost precaution taken.

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