

DR. DHANDE DIGITAL X-RAY COLOR DOPPLER & 4D SONOGRAPHY CLINIC  
Kelkarwadi, Arvi Road, Wardha

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DOPPLER AND SONOGRAPHY CLINIC  
KELKARWADI, ARVI ROAD, WARDHA

244245 (C)  
240836 (R)

Dr. Mrs. Rajasbala P. Dhande  
M.B.B.S., M.D. (Radio-diagnosis)  
Reg. No. 64886  
Consultant Radiologist and Sonologist

NAME: MRS. SONU ASWALE

AGE: 32 YEARS

REF BY: DR. AMARDEEP SHANOO SIR

DATE: 7/9/2022

OBSTETRIC ULTRASOUND EXAMINATION

L M P	26/5/2022
GESTATIONAL AGE BY L M P	14 weeks & 6 Days
NO OF FETUSES	Single
CARDIAC ACTIVITY	Present HR = 157 B/m.
FETAL MOVEMENTS	Normal FL/AC = 19 %
BIPARIETAL DIAMETER	3.0 cm, corresponding to 15 weeks & 5 Days
HEAD CIRCUMFERENCE	11.2 cm, corresponding to 15 weeks & 3 Days
ABDOMINAL CIRCUMFERENCE	8.6 cm, corresponding to 14 weeks & 6 Days
FEMORAL LENGTH	1.6 cm, corresponding to 14 weeks & 5 Days
CROWN RUMP LENGTH	8.8 cm, corresponding to 14 weeks & 5 Days
AVERAGE PERIOD GESTATION	15 weeks EDD = 1/03/2023
AMNIOTIC FLUID	Less than average
PLACENTAL GRADE	Zero.
PLACENTAL LOCATION	Anterior & low lying
COMMENTS	Single viable intrauterine pregnancy with average gestational age of 15 weeks. Placenta is anterior and low lying and shows grade zero maturity. Liquor is less than average for the period of gestation. Fetal weight = 110 Gms.
<ul style="list-style-type: none"><li>• Nuchal translucency measures 0.7 mm and appears normal. Nasal bone visualised.</li><li>• Ductus venosus shows normal flow.</li><li>• Fetal stomach and urinary bladder visualised.</li><li>• Umbilical cord shows three vessels.</li><li>• Lower edge of placenta touching the os</li><li>• Cervix is 3.3 cm in length and appears normal. Os is closed.</li><li>• Advice follow up at 20 weeks to rule out congenital anomaly.</li></ul>	

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Contd. ....

	<u>S/D RATIO</u>	PI
Right uterine artery	5.0	2.0
Left uterine artery	3.0	1.2

Both uterine arteries shows high resistance flow

DECLARATION OF DOCTOR / PERSON CONDUCTING  
ULTRASONOGRAPHY / IMAGE SCANNING

Dr. Mrs. Rajasbala P. Dhande

(Name of the person conducting ultrasonography / image scanning) declare that while conducting ultrasonography / image scanning

sonography / image on Ms. Aswale Date 20-04-2009 Name Sony Manoj  
(name of the pregnant woman)

I have neither detected nor disclosed the sex of her foetus to any body in any manner.

**Dr. Mrs. Rajasbala P. Dhande**  
MBBS, MD (Radiology)  
Reg. No. 64580  
Consultant, Radiologist and Sonologist  
NRI Hospital, P. O. Box No. 100

**INVIEW OF PREGNANCY SONOGRAPHY: PLEASE NOTE :**

This report is not a final conclusive diagnosis.

All anomalies cannot be ruled out by this or single or multiple sonography scan.

Assessment of fetal anomalies depends on fetal presentation patient's built, mother's abdominal wall thickness, fetal position, liquor volume, limbs, plainface attitude, per gestation with available organogenesis at that time & fetal movements during scanning study.

Minor surface anomalies or single isolated anomaly such as foot, palm, extremities, eye & face disfigurement may be missed by this single study or even by repeated examination.

**THIS PAPER CAN NOT BE USED FOR MEDICO-LEGAL PURPOSE**

This investigation has been done as per advice of referring doctor.

Urography is operator dependent & facilities in machine dependent technique, findings may vary with other machine & its operator. Images cast by X-Ray ias well as ultrasound depend on various shadows produced by both abnormal & normal structures. Shadows of many diseases can look alike, hence many limitations in interpretation.

This report is meant to assist referring doctor to have an idea of disease process if any this report is to be correlated clinically & with other laboratory in investigation. The report indicates only one of the various possibilities which is to be confirmed with further investigations as required.