

**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

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

244245 (C)  
240836 (R)

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.

- + Nuchal translucency measures 0.7 mm and appears normal. Nasal bone visualised.
- + Ductus venosus shows normal flow.
- + Fetal stomach and urinary bladder visualised.
- + Umbilical cord shows three vessels.
- + Lower edge of placenta touching the os
- + Cervix is 3.3 cm in length and appears normal. Os is closed.

- + Advice follow up at 20 weeks to rule out congenital anomaly.

Contd .....

DR. D

SONU

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Contd .....

	<u>S/D RATIO</u>	<u>PI</u>
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

I, .....  
(Name of the person conducting ultrasonography / image scanning) declare that while conducting  
ultrasonography / image on Ms. Mrs. Sonu Manoj  
Aswale ..... (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. 64884 (Mumbai)

Consultant Radiologist and Sonologist

Reg No. 64884 (Mumbai)

Dr. Dhande D. P. X-ray, 4D Color

Doppler And Sonography Clinic

Dhande D. P. &amp; Sonu M. P. WARDHA

Kekarwad, Maharashtra

#### 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, placenta attitude, per

of 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 distortion may be missed by this single study or even by repeated scan

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

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

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

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 investigations.  
The report indicates only one of the various possibilities which is to be confirmed with further investigations as required.