

अंकिता विजयवर्गीय

म. बी. बी. एस., डी. एम. आर. डी

एम. आर. आई. फैलोशिप :

नानाकटी हॉस्पिटल, मुंबई

हिंदुजा हॉस्पिटल, मुंबई

पूर्व रेडियोलोजिस्ट :

फॉर्टिस हॉस्पिटल, नोएडा

जी. टी. बी. हॉस्पिटल, दिल्ली

रीजेंसी हॉस्पिटल लिमिटेड, कानपुर

जवाहर लाल नेहरू कैंसर हॉस्पिटल, भोपाल

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MRI FELLOWSHIPS :

• NANAVATI HOSPITAL, MUMBAI

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• REGENCY HOSPITAL LTD, KANPUR

• JAWAHAR LAL NEHRU CANCER HOSPITAL, BHOPAL

FMF Certified from

Fetal Medicine Foundation

Reg. No. MP-8932

PATIENT'S NAME : MRS. SAROJ

REF BY : DR. PUJA SINGH (MBBS, DGO)

AGE/SEX - 20 Y / F

DATE : 21.11.2022

OBSTETRIC USG

LMP : 04.07.2022

GA (LMP) : 20 wk 0 d

EDD : 10.04.2023

Single live fetus seen in the intrauterine cavity in cephalic presentation.

Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 152 beats /min.

PLACENTA: is grade I, fundo- posterior & not low lying.

LIQUOR: is adequate for the period of gestation.

Incidentally noted few cysts in both choroid plexuses, largest ~5.5 mm.

Cervical length is normal, 3.8 cms. Internal OS is closed at present.

FETAL GROWTH PARAMETERS

BPD	44.7	mm	~	19	wks	1	days of gestation.
HC	170.1	mm	~	19	wks	4	days of gestation.
AC	150.9	mm	~	20	wks	2	days of gestation.
FL	29.7	mm	~	19	wks	1	days of gestation.

Estimated gestational age is 19 weeks 3 days (+/- 2 week). EDD by USG : 14.04.2023

Estimated fetal weight is 311 gm (+/- 47 gm).

IMPRESSION:

- Single, live, intrauterine fetus;
- Fetal size corresponds to 19 weeks 3 days +/- 2 weeks
- Incidentally noted few choroid plexuses – one of minor marker for chromosomal anomaly - target scan suggested for further workup .

Follow up SOS / routine growth scan in late 2nd / early third trimester.

Declaration : I have neither detected nor disclosed the sex of the fetus to pregnant woman or to anybody. (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, maternal abdominal wall thickness & tissue echogenicity. Therefore all fetal anomalies may not be detected at every examination. Patient has been counselled about the capabilities & limitations of this examination.)

(DR. ANKITA VIJAYVARGIYA)



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