डॉ. अंकिता विजयवर्गीय
एम. बी. बी. एस., डी. एम. आर डी
एम. आर. आई. फैलोशिप :
नानावटी हॉस्पिटल, मुंबई
हिंदुजा हॉस्पिटल, मुंबई
पूर्व रेडियोलाजिस्ट :
फोर्टिस हॉस्पिटल, नोएडा
जी. टी . बी. हॉस्पिटल, दिल्ली
रीजेंसी हॉस्पिटल लिमिटेड, कानपुर
जवाहर लाल नेहरू कैंसर हॉस्पिटल, भोपाल

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MRS. VINITA

Head:

- Head appears normal in size and shape.
- Cerebral structure appears normal.
- Both Lateral ventricles appear normal. TD at atrium (LVa)measured 4.3 mm. Cavum Septum Pellucidum is seen.
- Cerebellum appears normal. Transverse cerebellar diameter (TCD) measures 17.9 mm .
- Cisterna Magana is Normal in size (4.7 mm) and shape.
- No SOL is seen.

Spine:

- Full length of the vertebral column is visualized in Sagittal, Coronal and transverse planes . Normal alignment of vertebrae was recorded . No obvious defect was visualized.

Neck:

- No cystic lesion is visible around the fetal neck.
- Nuchal skin fold thickness (NF) measured 3.8 mms.

Face:

- Fetal face was visualized in profile and coronal scans.
- Both eyeballs , nose and lips appear normal.
- Nasal bone was well visualized.
- Pre-maxillary triangle appears intact.

Thorax:

- Normal cardiac situs and position.
- Four chambers view and outflow tracts view are very suboptimally assesed due to reduced liquor , maternal obesity & small fetal size . *All cardiac anomalies are out of preview of this study , dedicated Echo is not done & may be suggested for the same .*
- Both lungs were visualized.
- No evidence of pleural or pericardial effusion.
- NO SOL seen in thorax.

P.T.O.

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ा हॉस्पिटल, मुंबई
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PATIENT'S NAME : MRS. VINITA **AGE/SEX : 32Y/ F**

REF. BY : DR. POOJA SHRIVASTAVA (MBBS, MS) **DATE : 28.01.2023**

OBSTETRIC SONOGRAPHY WITH TARGETED FETAL SCAN (SUBOPTIMAL STUDY DUE TO EARLY GESTATION (SMALL FETAL SIZE) , REDUCED LIQUOR AND THICK MATERNAL ANTERIOR ABDOMINAL WALL)

LMP : 17.09.2022 **GA (LMP)** : 19 wk 0 d **EDD** : 24.06.2023

Single live fetus seen in the intrauterine cavity in **Cephalic** presentation.

Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is182 beats /min.

FETAL GROWTH PARAMETERS

BPD	39.1	mm	~	17	wks	6 days of gestation.
HC	152.0	mm	~	18	wks	2 days of gestation.
AC	123.9	mm	~	18	wks	0 days of gestation.
FL	27.2	mm	~	18	wks	2 days of gestation .
HL	26.7	mm	~	18	wks	3 days of gestation .
TCD	17.9	mm	~	17	wks	6 days of gestation.
BOD	28.8	mm	~	18	wks	4 days of gestation.
NF	3.8	mm		--		--
LV(atria)	4.3	mm		--	--	

Quantity of liquor is mildly reduced . Placenta is placed left antero-lateral, with lower edge ~ 11.8 mm from internal os (grade I). Cervical length is normal 3.4 cms. Internal OS is closed at present. **EDD by USG** – 30.06.202 . **EFW** – 236 gm +/- 24 gm.

- **Baseline screening of both uterine arteries was done & reveals mean PI of ~ 0.995 (WNL for gestation) .**
- **Ductus venosus shows normal spectrum with positive "a" wave (PI ~ 0.82) .**

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FMF ...
Fetal ...
Reg. No. ...

MRS. VINITA

Abdomen :

- Anterior abdominal wall appears intact. Umbilical cord insertion was visualized.
- Normal abdominal situs.
- Fetal liver, gall bladder, stomach and bowel loops appear normal.
- No ascitis.

Urinary Tract :

- Both kidneys appear normal in size. No pelvicalyceal dilatation.
- Urinary bladder appears normal.

Limbs :

- All the four limbs are seen although suboptimally visualized .

Umb. Cord :

- Cord appears two vesseled and reveals single (left) artery and single vein .

(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 ecogenicity. Therefore all fetal anomalies may not be detected at every examination. Patient has been councelled about the capabilities & limitations of this examination.)

(I Dr. Ankita Vijayvargiya, declare that while conducting Sonography I have neither detected nor disclosed the sex of the fetus to anybody in any manner.)

IMPRESSION *(SUBOPTIMAL STUDY DUE TO EARLY GESTATION (SMALL FETAL SIZE) , REDUCED LIQUOR AND THICK MATERNAL ANTERIOR ABDOMINAL WALL)* :

- Single, live, intrauterine fetus. Fetal size corresponds to 18 weeks 1 days +/- 1 week 2 days – SGA fetus (EFW at 9.2nd percentile for gestation for gestation) with parameters showing reducing trend , likely early onset IUGR .
- Single left umbilical artery : Fetal tachycardia . Rest of visualized fetal gross morphology examination within normal limits.
- Low lying placenta with lower edge ~ 11.8mm from internal os .
- Mild oligohydramnios ? cause .

Suggest : Clinical , biochemical correlation with fetal Echo & SOS invasive testing to asses for chromosomal anomaly & CHD .

(DR. ANKITA VIJAYVARGIYA)

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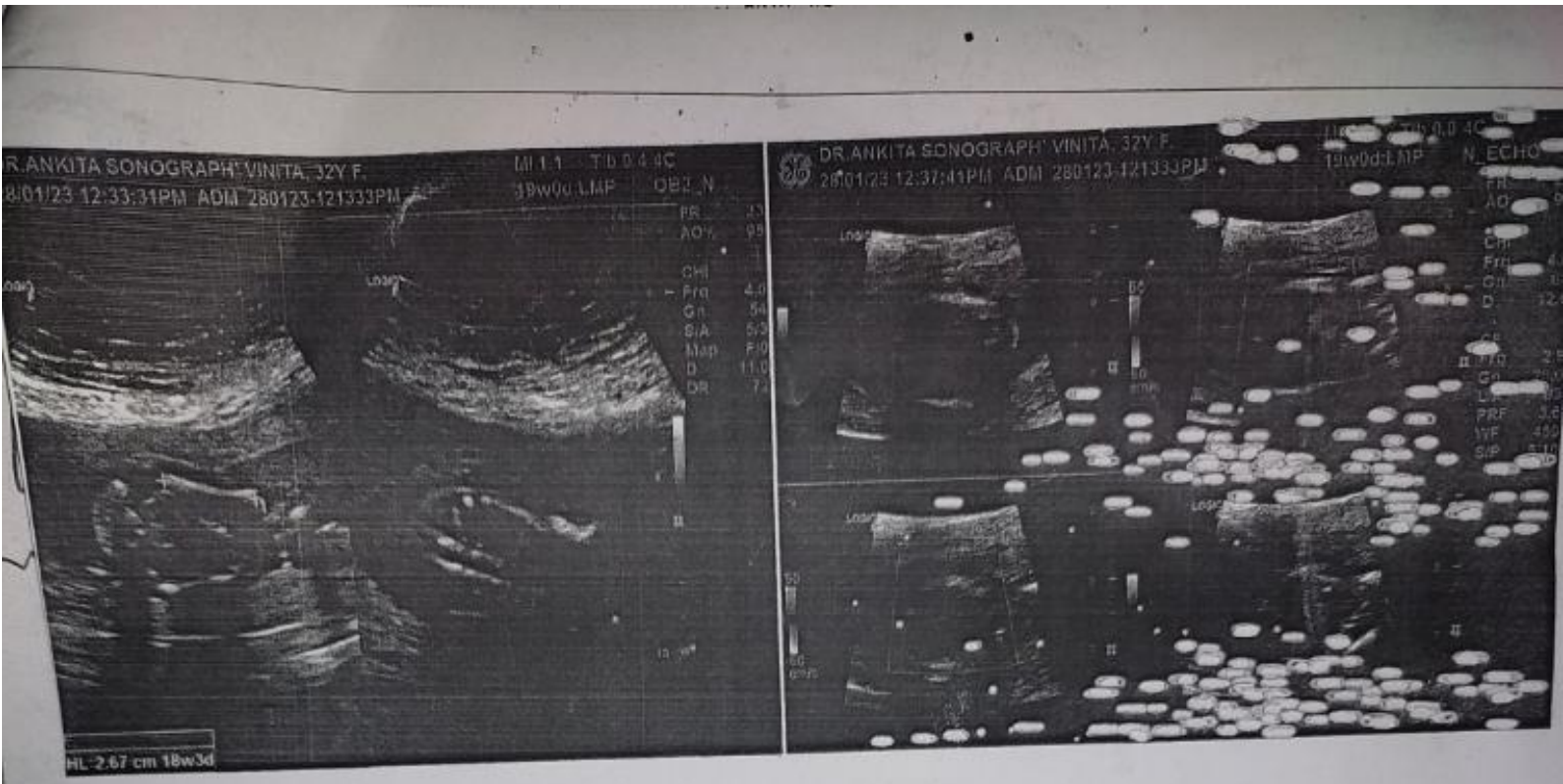
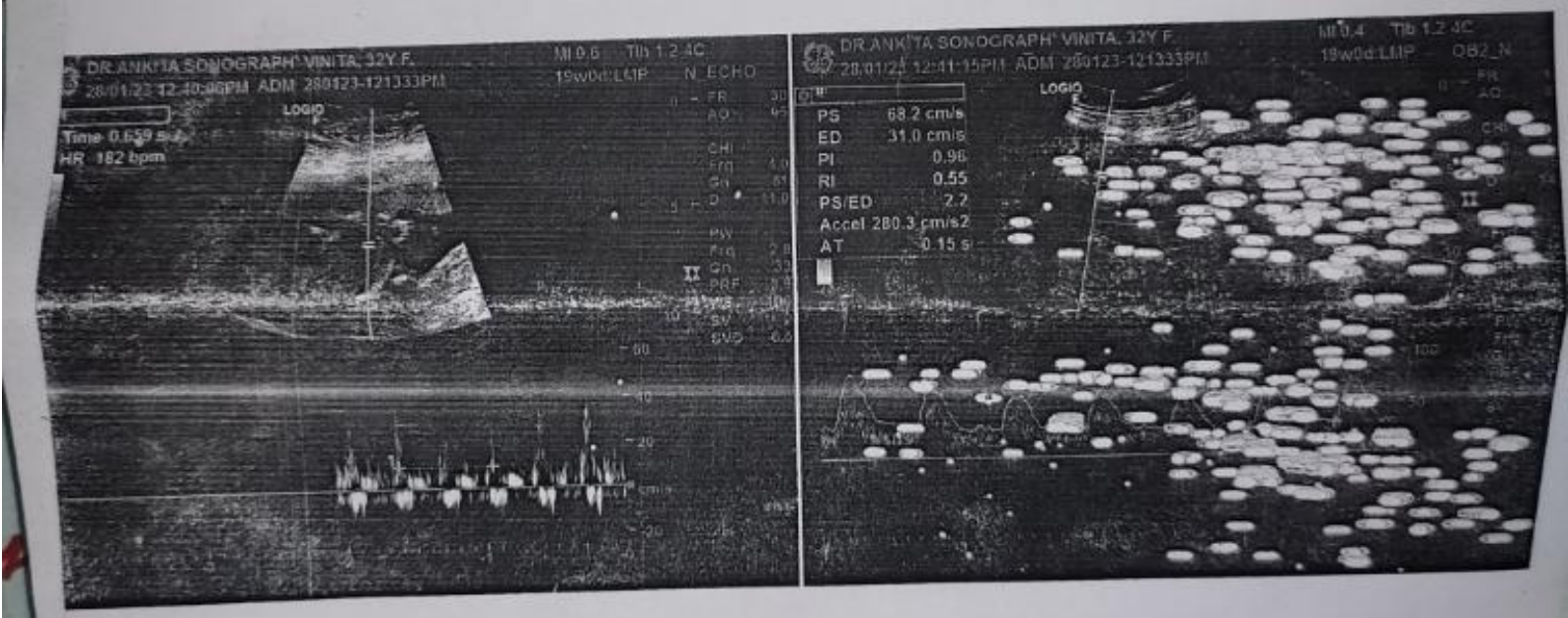
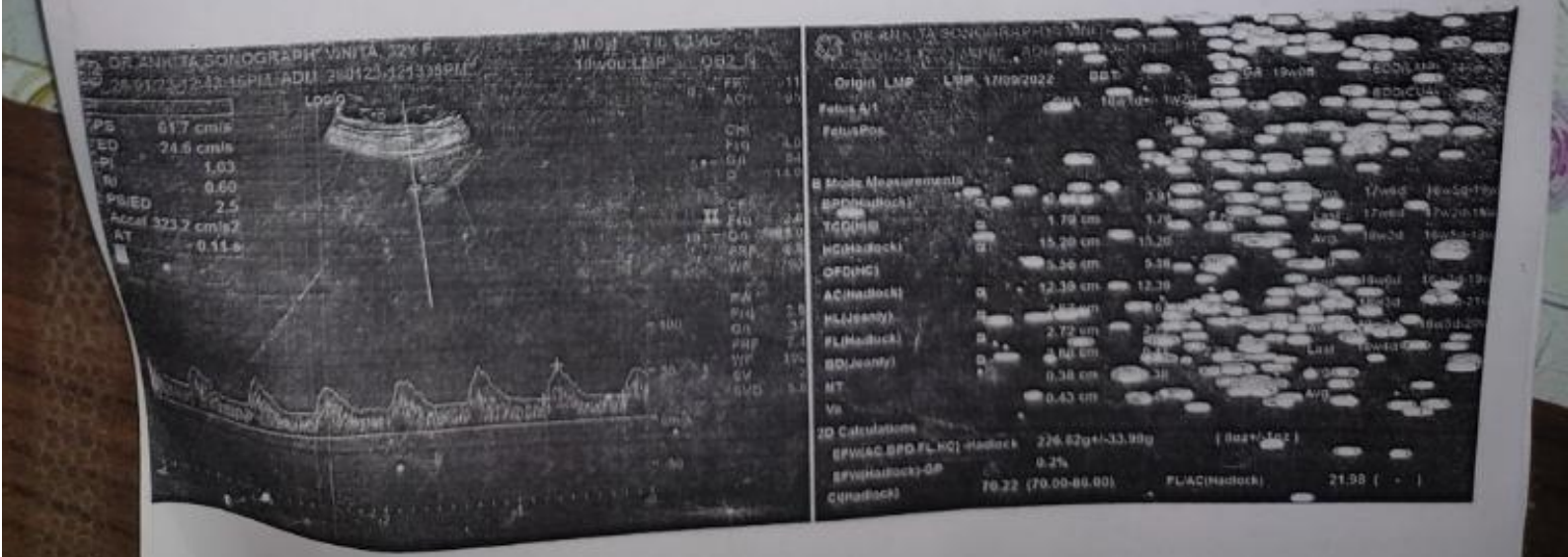
31 JAN 2023

B.P – 128/78 mmHg
Pulse – 102 b/m
Temp – 97.2°F
SpO2 – 99%
Wt – 78.2 kg


R.ANKITA SONOGRAPH' VINITA, 32Y F.
8/01/23 12:33:31PM ADM 280123-121333PM
MI 1.1 Tib 0.4 4C
19w0d:LMP OB2_N
HL 2.67 cm 18w3d
DR.ANKITA SONOGRAPH' VINITA, 32Y F.
28/01/23 12:37:41PM ADM 280123-121333PM
19w0d:LMP N_ECHO


DR.ANKITA SONOGRAPH' VINITA, 32Y F.
28/01/23 12:40:08PM ADM 280123-121333PM
MI 0.6 Tib 1.2 4C
19w0d:LMP N_ECHO
Time 0.659 s
HR 182 bpm
DR.ANKITA SONOGRAPH' VINITA, 32Y F.
28/01/23 12:41:15PM ADM 280123-121333PM
MI 0.4 Tib 1.2 4C
19w0d:LMP OB2_N
PS 68.2 cm/s
ED 31.0 cm/s
PI 0.96
RI 0.55
PS/ED 2.2
Accel 280.3 cm/s2
AT 0.15 s


DR.ANKITA SONOGRAPH' VINITA, 32Y F.
28/01/23 12:43:16PM ADM 280123-121333PM
MI 0.4 Tib 1.2 4C
19w0d:LMP OB2_N
PS 61.7 cm/s
ED 24.6 cm/s
PI 1.03
RI 0.60
PS/ED 2.5
Accel 323.2 cm/s2
AT 0.11 s
Origin: LMP LMP: 17/09/2022
Fetus A/1
FetusPos
B Mode Measurements
BPD(Hadlock)
TCD(Hadlock)
HC(Hadlock)
OFD(HC)
AC(Hadlock)
HL(Jeanty)
FL(Hadlock)
BD(Jeanty)
NT
Vo
2D Calculations
EFW(AC,BPD,FL,HC) Hadlock 226.62g+/-33.99g
EFW(Hadlock)-GP 0.2%
Cun(Hadlock) 70.22 (70.00-86.00)
FL/AC(Hadlock) 21.98