

Our Motto - "Commitment & Quality"

CHAWLA DIAGNOSTIC CENTRE

Mirza House, Opposite Thana Tallaiya, Kali Mandir,
Band Master Chauraha, Sultania Road, Bhopal

CENTRE OF ADVANCED SONOGRAPHY & COLOR DOPPLER :

8120146569
Mobile : 9407219149
9826019149

Rajesh Chawla
DMRE, DNB-1
Radiologist, Sonologist,
& Color Doppler Specialist

REPORT

Mrs. Sana Khan

Dr. Puja Singh [D.G.O.]

Age 23yr Sex F.

Attendant Incharge

Date 02/03/2023

BOH [HISTORY OF ABORTIONS]

Attention

TARGETED SCAN FOR FOETAL ANOMALIES (TIFFA) WITH [3-D / 4-D VIEW] & COLOR DOPPLER

RISK [MILD RISK]

3RD OCT. 2022 GESTATIONAL AGE BY LMP 21 WEEKS 3 DAYS EDD BY LMP 10TH JULY. 2023

PATIENT DETAILS

RACIAL ORIGIN	- INDIAN
PARITY	- III RD GRAVIDA
MATERNAL WEIGHT	- 49.6 KG
MATERNAL HEIGHT	- "5" FEET.
ANY SPECIFIC HISTORY OF DISEASE	- NO.
METHOD OF CONCEPTION	- SPONTANEOUS

presence of single live intrauterine foetus having normal cardiac activity & normal foetal movements. Foetal heart rate 150/min & regular.

PRESENTATION : --- Vertex at present & spine anterior.

PLACENTA : --- Anterior, Mid uterine segment, grade I maturity.

FLUID QUANTIFICATION : --- Upper limits of normal [A.F.I. - 20]

Abdominal & cardiac situs is normal.

Findings :- 1. Foetal skull shape, midline falx, thalami. Both choroid plexus appears to be normal. Intracranial contents appears normal. Spine is seen in parasagittal and transverse views and appears normal. The overlying skin is intact. ✓

2. Posterior fossae structures are grossly normal.

3. Bilateral cerebellar hemispheres are normal. Transverse cerebellar distance [TCD-21mm]. ✓

4. Cisterna-Magna is normal [3mm] ✓

5. Vermis is seen & normal (6 x 5mm). IVth ventricle is normal. ✓

(P.T.O.)

Radiological investigations have their own limitation. The above report is an opinion and not the final Diagnosis. This option is to be co-related with clinical profile, investigation. In case of any discrepancy a review may be asked. Sunday 10.00 a.m. to 12.00 Noon



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Consultant Incharge.....

ation.....

ANEUPLODY MARKERS

- Nasal bones -- NORMAL [7.5MM].
- Nuchal thickness/Choroid plexus cyst -- NORMAL [2.1MM]/NO CYST SEEN.
- MRSA -- NOT SEEN.
- CSP -- SEEN.
- Short bones -- NO SHORT BONE.
- Shape of Skull -- NORMAL.
- Echogenic Bowel -- NO ECHOGENIC BOWEL.
- Dilated Heart -- HEART APPEARS TO BE NORMAL. NO ECHOGENIC FOCUS SEEN.
- Stomach bubble -- SEEN (NORMAL)
- Bilateral foetal kidneys -- NORMAL (NO HYDRONEPHROSIS SEEN PRESENTLY)
- Urinary bladder shadow -- SEEN & APPEARS TO BE NORMAL. ✓

ON COLOR MAPPING

Free vessels umbilical cord noted. Umbilical cord is showing two arteries & one vein with normal S/D ratio value with normal P.I. values & R.I. values.

FA show normal diastolic flow & normal with S/D ratio value with normal P.I. values.

lateral uterine arteries shows normal color flow with P.I. values of 0.8. No pre-diastolic waves seen.

Foramen os venosus is normal with normal blood flow with normal P.I. value. (pulsatile flow.) No reversal of flow. ✓

(P.T.O.)

This is an opinion and not the final Diagnosis.
Review may be asked.



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[illegible]

6.

Anterior fossae structures are also grossly normal. Cerebral

7.

Corpus callosum appears to be normal (length is 20 mm) but is 20 mm long.

३.

Bilateral lateral ventricles are normal. Right lateral occipital horn appears to be normal (length is 20 mm) [Anterior commissure is 4 mm]. Posterior horns are normal.

9

Third ventricle is normal.

CLS:-

Four chambered view of heart & outflow tracts appear to be normal.
No gross pathology.

GUT:-

No T.R. Transverses Thoracic Diameter is 32mm. C.T. ends in

GIT:-

dom foetal kidneys are normal in size, shape & echotexture. Urinary bladder is 14mm in length, 6.0mm in width. Uterine cavity is normal.NO ABN

FACT:-

[within range 3mm-9mm] Right kidney is 22mm & Left kidney is 22mm. Foetal stomach bubble is seen in its normal position.

seen. Bowmen is 1 mm in length. Bowel echogenically appears to be normal. No dilatation of loops seen.

Both orbits, nose and mouth are seen & it is normal. Palate below.

BPD / Verms is $48/6 = 8.0$ (it is normal)

BPD / nasal bones is $48/7.5 = 6.4$ (it is normal)

Both nasal bones seen & it is ossified. (7.5mm bone)

Nasal bridge is normal. (4mm)

Nuchal thickness is normal (2.1mm)

Bilateral femur, tibia, fibula & bilate

No obvious pathology seen.

FL/Thoracic ratio is normal.

FL/ Foot ratio is 1. (It is normal)

Cervical canal width

Gestational age by:

BPD --- (48mm)

FL --- (33mm)

Root ---- (33mm)
Fl. ---- (30mm)

Tbld (33mm)

Fibula-- (30mm)

Radius---(29mm)

Wind --- (29mm)
1C --- (160mm)

4C --- (174mm)

MG1 is 20 weeks

190gm +/- 16%

6. Anterior fossae structures are also grossly normal. CSP seen. [CSP Rectang
7. Corpus callosum appears to be normal {Length is 29mm} [Anterior complex
8. Bilateral lateral ventricles are normal. Right lateral ventricle transveres diameter is 4mm [upto 8mm are normal] Left lateral ventricle transveres diameter is [upto 8mm are normal] Ventricle choroid plexus distance -- 1mm.
9. IIIrd ventricle is normal.

Rajesh

◆ CVS:- Four chambered view of heart & outflow tracts appear to be normal. Situs is No gross pathology seen presently. 3 vessel view is normal with normal color

◆ GUT:- No T.R. Transveres Thoracic Diameter is 32mm. C.T. ratio is normal. NO ARS Both foetal kidneys are normal in size, shape & echotexture. Urinary bladder to be normal. Urinary bladder is 14mm in length. Pelvis of bilateral kidneys [within range 3mm- 9mm] Right kidney is 22mm & Left kidney is 22mm.

◆ GIT:- Foetal stomach bubble is seen in its normal location (left upper abdomen). seen. Stomach is 14mm in length. Bowel echogenicity appears to be normal. No dilatation of loops seen.

◆ FACE:- Both orbits, nose and mouth are seen & it is normal. Palate bones are grossly Trans-orbital distance is 3.0cm & Inner-orbital distance is 1.0cm. Lens seen. external ear (Pinna) are seen & appears to be normal. Lips appears to be normal Pre-nasal triangle seen.

◆ BPD / Vermis is $48/6 = 8.0$ (it is normal)

◆ BPD / nasal bones is $48/7.5 = 6.4$ (it is normal)

◆ Both nasal bones seen & it is ossified. (7.5mm in size) Its angulation is normal. -- [90th centile]

◆ Nasal bridge is normal. (4mm)

◆ Nuchal thickness is normal (2.1mm)

◆ Bilateral femur, tibia, fibula & bilateral humerus, radius & ulna bones are grossly normal. No obvious pathology seen.

◆ FL/ Thoracic ratio is normal.

◆ FL/ Foot ratio is 1. (it is normal)

◆ Cervical canal width & length is normal [4.5cm in length]. No fluid seen in cervical canal.

◆ Internal OS is closed.

◆ Gestational age by:

BPD ----	(48mm)	---	20 weeks 5 days +/-	2 weeks.
FL ----	(33mm)	---	20 weeks 5 days +/-	2 weeks.
Foot ----	(33mm)			
HL ----	(30mm)			
Tibia----	(33mm)			
Fibula---	(30mm)			
Radius----	(29mm)			
Ulna ----	(29mm)			
AC ----	(160mm)	---	21 weeks 1 day +/-	2 weeks.
HC ----	(174mm)	---	20 weeks 0 day +/-	2 weeks.
MGA is 20 weeks 3 days +/-				
EF Wt. 390gm +/- 16%				

mxo Sana 11 ... 14.11.2017

IMPRESSION -- FINDINGS ARE SUGGESTIVE OF :-

1. SINGLE LIVE INTRAUTERINE FOETUS OF 20 WEEKS 3 DAYS +/- 2 WEEKS WITH LOOPS OF UMBILICAL CORD ANTERIOR TO NECK.
2. NORMAL COLOR FLOWS SEEN.
3. NO OBVIOUS ANOMALY SEEN PRESENTLY.

ADVISE --

- i) QUADRAPLE MARKER.
- ii) DEDICATED FOETAL ECHO FOR DETAILED CARDIAC EXAMINATION FOR FURTHER EVALUATION.
- iii) FOLLOW UP SONOGRAMS AFTER EVERY 4 WEEKS.
- iv) OTHER RELEVANT BIOCHEMICAL TESTS [LIKE AMNIOCENTESIS IF REQUIRED]

1 Lie

1 Presentation

1 Spine

1 Cardiac Activity

1 Movements

1 Stomach and Bladder

1 Amniotic Fluid

(Reg) na

1 Parameters are

Dr. Rajesh

(Consultant)

DECLARATION OF DOCTORS / PERSON CONDUCTING ULTRASONOGRAPHY / IMAGE SCANNING

I, Dr. Rajesh Chawla name of the person conducting ultrasonography / image scanning) declare conducting ultrasonography / image scanning on, **Mrs. Sana Khan** (Name of the pregnant woman) neither detected nor disclosed the sex of her foetus to any body in any manner.

Name and signature of the person conducting ultrasonography / image scanning / Director or owner of genetic clinic ultrasound clinic / imaging center

(It may be noted that due to constantly changing position of fetus & limitations of technique, all congenital anomalies specially small parts like maxillo-facial, cannot be picked up on routine level-I ultrasound. Further tests like level-II studies, 3-D scans, blood investigations of amniotic fluid etc. may be required for detailed evaluation.) All the anomalies still cannot be detected upon due to positioning of foetus. Scans done for the first trimester/ near Term, cannot predict precise EDD & are also likely to miss certain anomalies due to over-riding of parts. This report does not disclose the sex of foetus. Dating scans are best done at 8-12 wks & anomalies scans are best done between 18 & 24 wks in the absence of any factors. Estimated fetal weights are correct to within 2 standard deviations in only 90% of the cases, with rest outside values reported. I, Dr. Rajesh Chawla declare, that while conducting ultrasonography scanning, I have neither detected, nor disclosed the sex of her fetus to anybody in any nature / the fetal gender has not been disclosed to me.

☒

" BETI BACHAO, DESH BADAO " ☒

Foetal Heart-

BPD.

mm.

AC-

HC

mm.

mm.

IMPRESSION-A SINGLE

NO GR

Due to tech

Dr. Rajesh Chawla