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Dr. (Mrs.) Shyama Srivastava
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Resi. & Clinic : Jawahar Chowk, Sadar, Nagpur.

Date : 7/4/23.

Name - Smt Sayeli
Langewar

DOB - 02/02/98 (25 yrs 2 mth)

Mob - 8208890844

LMP - 5/11/22 Bp 110/60

Married for 1 yr (21.3.22)

Poti Abortion in April '22

USA → reported abroad (20 weeks)

Height - 157 cm

Weight - 62.6 kg

H/o ~~family~~ No history of hypertension / Diabetes

Smoker / Alcuse
Alcuse

① Quadrupple
markan





Global Diagnostics

Sonography & Digital X Ray

Dr. Shoaib (Soyaf) Fazlani

MBBS, (GMC Nagpur), MD - Radiology (Mumbai), DNB (Diplomate of National Board New Delhi)
Ex. Consultant Radiologist at Midas Hospital, Ramdaspeth, Nagpur., Ex. Asst. Prof. Govt. Medical College, Nagpur
Reg. No. 2014/07/3296

Shop No. G 7, Ground Floor, Anjuman Complex, Opp. Sadar Busstand, Chaoni Road, Nagpur. Contact No. :- 7083750761

Name: MRS. SAYALI LANJEWAR	Age/Sex: 25 Y / F
Referred by: DR. SHYAMA SHRIVASTAV MBBS	Date: 03.04.2023

DETAILED OBSTETRIC ULTRASOUND EXAMINATION FOR ANOMALIES

A B-mode real time obstetric scan was performed trans-abdominally.

(LMP-05.11.2022

GA BY LMP- 21 WEEKS 2 DAYS

EDD BY LMP-12.08.2023)

Survey

There is a single live intrauterine fetus. The fetus shows spontaneous movements and heartbeat.

The presentation is cephalic at present.

The Placenta is posterior and of grade I maturity. The umbilical cord contains three vessels.

The liquor is adequate.

Fetal heart rate = 156 bpm.

FETAL PARAMETERS (BIOMETRY):

FETAL HEAD

Biparietal diameter	47 mm	20 Weeks	1 day
Transverse cerebellar diameter	19.3 mm		
Head circumference	171 mm	19 Weeks	5 days

FETAL LIMBS AND ABDOMEN

Abdominal Circumference	147 mm	20 Weeks	0 days
Femur Length	31 mm	19 Weeks	5 days
Humerus Length	30 mm	19 Weeks	6 days
Radius Length	26 mm		
Tibia Length	26 mm		

FETAL ANATOMICAL SURVEY:

BRAIN: Cerebrum, Midline falx, Cavum septum, ventricles, Cerebellum, Cistern magna (3.6 mm), Choroidplexi- Seen -Appears normal. No identifiable intracranial lesion noted. Atrial diameter = 6.3 mm, within normal limit.



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NECK: No cystic lesion noted around the neck.

FACE: Nasal bone, Ears, Orbita, Lips, Palate, Mandible - Seen - Appears normal

SPINE: Seen – Appears normal

LUNGS: Seen – Appears normal

HEART: Tiny echogenic focus is seen in left ventricle. Normal cardiac situs. **Cardiac Axis:** Within normal limit. 4 – Chamber view, LVOT and RVOT, Inter-ventricular septum, The SVC, right atrium, IVC - Seen – Normal

ABDOMEN: Normal Abdominal situs. Stomach bubble, urinary bladder, umbilical cord insertion seen – Normal. Right kidney appears bulky measuring 3.2 x 1.9 cm and dilated PCS. AP diameter of renal pelvis measuring 10 mm with narrowing at PUJ. Left kidney appears normal.

LIMBS: Upper limbs, Lower limbs - Seen - appear normal. Feet - Present- No club foot.

UTERINE ARTERIES: Right uterine artery PI = 0.61 Left uterine artery PI = 0.93

ESTIMATED GESTATION AGE:

- Estimated gestation age assigned as per biometry = 19 weeks 6 days
- US-EDD assigned as per biometry = 22.08.2023
- Estimated fetal weight = 321 gms

CERVICAL REGION: The cervix measures 3.3 cm in length. Internal Os is closed.

IMPRESSION:

- A single living intrauterine fetus of 19 weeks and 6 days of gestation in cephalic presentation in present scan- gestational age assign as per biometry (BPD,FL,AC, HC)- Menstrual age is 21 weeks 2 days. Normal interval growth as per 1st trimester scan.
- The Placenta is posterior and of grade I maturity, liquor is adequate.
- Tiny echogenic focus is seen in left ventricle.
- Right kidney appears bulky measuring 3.2 x 1.9 cm and dilated PCS. AP diameter of renal pelvis measuring 10 mm with narrowing at PUJ – s/o PUJ obstruction.
- No other lethal fetal anatomical abnormality was noted for date.
- Mean uterine artery PI is within normal limits.
- The cervix measures 3.3 cm in length. Internal Os is closed.

Suggested 2nd trimester genetic screening for fetal trisomy and interval anomaly scan with fetal echo at 24 weeks.

DISCLAIMER:

This investigation is done as per request of referring doctor

Not all fetal anatomical abnormalities can be detected on ultrasound examination. The visualization of fetal parts depends on the fetal position, fetal movements and adequacy of liquor. Certain defects may not be visualized during the 2nd trimester. A follow up scan in the early third trimester or late 2nd trimester is advisable. The present study cannot exclude Fetal chromosomal abnormalities, because the ultrasound markers for these may not always be evident. Complex cardiac anomalies (like PAPVD), Small VSDs, ASDs, evolving conditions etc. Lower gastrointestinal abnormalities, Abnormalities involving hands, feet, ears, soft tissues etc.

In case of disparity between report and clinical evaluation second opinion is advisable before commencing the final treatment.
This document is not for medicolegal purpose

Declaration: I, DR. SHOAIB A FAZLANI declare that while conducting ultrasonography scanning on this patient, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Dr. Shoib Fazlani
MBBS (Radiology)

DR. SHOAIB A RAZBANDI, DNB (Radiology)
MD - RADIO DIAGNOSIS (MUMBAI) 2014/07/2296