

## डॉ. अकिता विजयवर्गीय

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एम. आर. आई. फेलोशिप :  
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पुल रेडियोलॉजिस्ट :  
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## DR. ANKITA VIJAYVARGIYA

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### MRI FELLOWSHIPS :

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FMF Certified from

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Reg. No. MP-8932

### FORMER RADIOLOGIST AT:

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- G.T.B HOSPITAL, DELHI
- REGENCY HOSPITAL LTD, KANPUR
- JAWAHAR LAL NEHRU CANCER HOSPITAL, BHOPAL

### MRS. MUSKAN

#### Head:

- Head appears normal in size and shape.
- Cerebral structure appears normal.
- Both Lateral ventricles appear normal. TD at atrium (LVa) measured 6.9 mm. Cavum Septum Pellucidum is seen.
- Cerebellum appears normal. Transverse cerebellar diameter (TCD) measures 18.1 mm.
- Cisterna Magana is Normal in size (4.2 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 2.6 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 appear normal. 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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PATIENT'S NAME : MRS. MUSKAN

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AGE/SEX : 20 Y/F

REF. BY : DR. POOJA PATIL

DATE : 06.06.2023

### OBSTETRIC SONOGRAPHY WITH TARGETED FETAL SCAN

Sittings - 1

Total examination time - 35 Min.

LMP : 27.01.2023

GA (LMP) : 18 wk 4 d

EDD : 03.11.2023

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

Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 155 beats/min.

### FETAL GROWTH PARAMETERS

BPD	43.5	mm	~	19	wks	1 days of gestation.
HC	154.1	mm	~	18	wks	3 days of gestation.
AC	125.9	mm	~	18	wks	1 days of gestation.
FL	26.3	mm	~	18	wks	0 days of gestation .
HL	25.2	mm	~	17	wks	6 days of gestation .
TCD	18.1	mm	~	18	wks	0 days of gestation.
BOD	27.7	mm	~	17	wks	6 days of gestation.
NF	2.6	mm	--	--	--	--
LV(atria)	6.9	mm	--	--	--	--

Quantity of liquor is adequate. Placenta is placed high posterior (grade I). Cervical length is normal 3.3 cms. Internal OS is closed at present.

EDD by USG - 06.11.2023 . EFW - 227 gm +/- 34 gm.

➤ Baseline screening of both uterine arteries was done & reveals mean PI of ~ 0.775 ( WNL for gestation ) .

### IMPRESSION:

- Single, live, intrauterine fetus. Fetal size corresponds to 18 weeks 1 days +/- 1 week 2 days .
- Bilateral leg - feet findings as mentioned - likely bilateral CTEV . Rest of fetal gross morphology examination within normal limits.

Suggest : Clinical , biochemical correlation & SOS further workup.

P.T.O



[illegible]

#### WITH FELLOWSHIPS

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FORMER BLACK COAST AT

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Answer: 2

- 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.

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

- All the four limbs are seen. The long bones appear normal for the period of gestation.
- Both the feet are seen in same plane as leg & are abnormally angulated - ? CTEV.

- Cord appears normal and reveals two arteries and one 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 counselled 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. )

(DR. ANKITA VIJAYVARGIYA)