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# SAPAN SAURABH

## Diagnostics

1.5T MRI • 32 SLICE CT SCAN • SONOGRAPHY • DOPPLER

Pt. Name:	MRS. UMA KHATARKAR 30Y/F	Pt. ID:	D62212-23-06-13-7
Ref. By:	DR SANJAY	Date:	13-Jun-2023

### TARGET SCAN OF PREGNANCY FOR FOETAL ANOMALY

**LMP:** 01/01/2023**Gestational age by LMP:** 23weeks and 2days

Single live foetus in breech presentation and transverse lie at the time of scan.

**Foetal Parameter:**

BPD measures	5.4cm corresponding to	22weeks and	5days
HC measures	20.9cm corresponding to	23weeks and	0days
AC measures	18.4cm corresponding to	23weeks and	2days
FL measures	3.7cm corresponding to	21weeks and	6days
Composite gestational age by sonography		22weeks and	4days
Expected date of delivery by sonography		13/10/2023	
Effective fetal weight is approximately		522gm $\pm$ 76gm	

**Foetal cardiac activity:** is regular. Foetal heart rate is 138 beats/min. Foetal body and limb movements are normal.**Placenta:** is on anterior uterine wall shows grade- II maturation.**Umbilical cord:** 3 vessels cord is seen. Placental insertion is central. No cord around the neck is seen.**Liquor:** is adequate in amount.**Internal os:** is closed. Cervix is normal in length (3.3 cm). Endocervical canal appears normal.**Head:** Appears normal in size and shape. Intracranial assessment of cerebral parenchyma, thalami, basal ganglia and cerebellum is normal. Transcerebellar distance is normal (2.0 cm). Both lateral ventricles appear normal in size and show brightly echogenic choroid plexuses. Cavum septum pellucidum and midline falx are well visualized. Cisterna magna is normal. No SOL is seen. No encephalocele detected.**Spine:** Full length of the vertebral column is visualized and appears normal. Posterior elements are seen as parallel bands of echoes with normal flaring in cervical region and convergence in sacrum. No evidence of spina bifida and sacral agenesis seen.**Face:** Fetal face was visualized in profile and coronal scans. Anatomic assessment for forehead, orbits, eyeballs, lenses, nasal bone, lips, maxilla, hard palate and mandible is done. No gross facial anomaly detected. Intraorbital distance is normal.**Neck:** The anterior, posterior and lateral masses of neck are well appreciated. No cystic lesion is visible around the fetal neck. Nuchal thickness is normal.

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**Heart:** Normal cardiac size, situs & position. Four chamber view and outflow tracts are normal. Cardiac size is normal with no obvious chamber enlargement noted. 3 vessel view is normal.

**Chest:** The thorax is assessed for the chest wall, lungs, mediastinum and diaphragm. Both lungs are echogenic, no lung cyst or SOL seen. No evidence of pleural or pericardial effusion seen. Fetal diaphragm is seen as smooth hypoechoic band of tissue. No diaphragmatic hernia seen.

**Abdomen:** Abdominal circumference is normal. Anterior abdominal wall appears intact. No evidence of omphalocele/gastroschisis seen. Liver, GB & spleen appear normal. Fetal stomach and bowel loops appear normal. No evidence of ascites seen.

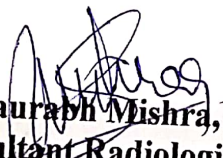
**KUB:** Both kidneys appear normal in size. No evidence of pelvicalyceal dilatation seen. Urinary bladder appears normal in size.

**Limbs:** All four limbs are seen and appear normal for the period of gestation. The bones and soft tissues in proximal, mid and distal segments of both upper and lower limbs are normal.

**Impression:** Intrauterine single live fetus of 22weeks and 4days duration  $\pm$  2 weeks with breech presentation. No gross foetal anomaly seen.

*I, Dr. Saurabh Mishra, MD declare that while conducting USG on Mrs UMA KHATARKAR, I have neither declared nor disclosed the sex of her fetus to anybody in any manner.*

*It must be noted that detailed fetal anatomy may not be visible due to technical difficulties, fetal position and fetal movements etc. Therefore, all fetal abnormalities may not be detected. This report is not for medico-legal purpose.*

  
**Dr. Saurabh Mishra, MD**  
Consultant Radiologist

**Dr. Sapan Saraf, DMRD, DNB**  
Consultant Radiologist

**Disclaimer:** This report is based upon interpretation of radiological images which may not be completely accurate; hence, it should be interpreted in the light of clinical/pathological findings. It is a professional opinion, not a diagnosis. Not meant for medico-legal purposes. For any kind of typing errors please intimate us within 10 days.