



मेधा डायग्नोस्टिक्स

ऑडवांस्ड सोनोग्राफी • डिटल डिजिटल एक्स-रे सेंटर

नगर परिषद गार्डनच्या बाजूला, स्मिथस्तानद चौक जवळ,
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डॉ. जितेश के. शेर्करे

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(Reg No. 2016/12/4963)

Head: The cerebral hemisphere and cerebellum appears normal. The ventricular system is normal. Lateral ventricle width appears normal. Falx cerebri appears normal. Cisterna magna appears normal.

Neck: Nuchal fold measures 2-3 mm.

Face: Lips and orbits appear normal. Nasal bone is well visualized.

(Note: It must be noted that overall detection rate for facial clefts is 65% isolated cleft palate is rarely identified on antenatal ultrasound scan).

Heart: The four chambered view appears normal with situs solitus. LVOT, RVOT, three vessel view is normal.

(Note - Exclusive fetal 2D echo at 22-24 weeks is necessary to diagnose major cardiac anomalies. All cardiac anomalies can not be diagnosed on B-mode ultrasound. ASD and PDA cannot be diagnosed antenatally as they are physiological)

Lungs and Diaphragm - Normal. No e/o obvious mediastinal shift.

Genitourinary system: Both the kidneys and urinary bladder are well visualized and appear normal. Bilateral renal pelvis appears normal.

Gastrointestinal system: Stomach bubble is well visualized and appears normal. Bowel loops appears normal.

(Note- communicating trachea-esophageal fistulas cannot be diagnosed on antenatal scan and it must be noted that low detection rate for anomalies of gastrointestinal tract on antenatal ultrasound scan).

Limbs: All the four limbs are well visualized and show normal movements.

Spine: There is normal curvature of spine. No obvious widening of posterior neural arches or soft tissue swelling seen around spine.

Umbilical cord: Umbilical cord shows 3 vessels and has normal insertion.

Markers aneuploidy-

Increased nuchal fold thickness	No	Choroid plexus cyst	No
Fetal ventriculomegaly	No	Echogenic bowel loops	No
Echogenic intracardiac focus	No	Shortened fetal long bone	No

(Note - It must be noted that low detection rate for aneuploidy at 18 to 24 weeks on ultrasound scan, hence correlation with biochemistry markers will give a better assessment. This is not diagnostic test for aneuploidy)



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Name: Mrs. Pranjali Avishkumar Ramteke	Age: 29 Years	Sex: F
Ref By: Dr. Prashant Zode Sir		Date-09 Jun 2023

TARGETED SCAN FOR FOETAL ANOMALY (LIMITED DOPPLER)

Parameters	Value	Parameters	Value
LMP	22/01/2023	EDD by LMP	29/10/2023
Menstrual Age	19 Weeks 5 days	EDD by present scan.	03/11/2023
Average GA by USG	19 Weeks 0 days	EDD by first dating scan	01/11/2023

Single live intrauterine fetus seen in variable presentation cephalic at the time of scan.

Fetal cardiac activity and limb movements are present. FHS - 159 bpm.

The placenta is ANTERIOR, low lying, 3 cm from internal os and shows grade I maturity.

Cervical length is adequate and measures 3.5 cms. Internal os is closed.

Liquor is adequate for gestation.

Parameter	Measurement (in cm)	Inference age
BPD	4.1	18 weeks. 4 day
HC	15.5	18 weeks. 3 day
AC	13.1	18 weeks. 4 day
FL	3.1	19 weeks. 6 day
Estimated fetal weight	277 gm. (+/- 42 gms)	

FETAL LONG BONES:

Parameter	Measurement (in cm)	Inference age
Humerus	2.9	19 weeks. 4 day
Ulna	2.6	19 weeks. 4 day
Tibia	2.6	19 weeks. 3 day
Radius	2.3	18 weeks. 3 day
Fibula	2.6	19 weeks. 1 day

FETAL CRANIUM:

Cerebellum	2 cm	19 weeks 2 day
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COLOUR DOPPLER -

	RI	PI	S/D	Percentile of PI
Right Uterine Artery	0.6	1.1	2.6	27 centiles
Left uterine Artery	0.5	0.9	2.3	within normal limits

Right uterine artery and left uterine artery reveal normal colour flow, trace and velocities.

IMPRESSION:

- Single live intrauterine fetus of average maturity 19 weeks 0 day and near normal interval growth.
- Liquor is adequate for gestation.
- Variable presentation cephalic at the time of scan.
- Anterior placenta (low lying, 3 cm from internal os) with grade I Maturity.
- No obvious fetal structural defect is seen.

Suggest - Follow up scan at 27-28 weeks to rule out any developmental anomaly.

All fetal measurements including fetal weight are subject to known statistical variations. Not all anomalies can be detected on ultrasound due to varying fetal position, amounts of liquor, fetal movements and abdominal wall thickness.

DECLARATION OF DOCTOR - I, Dr Jitesh Serkure declare that while conducting ultrasonography/image scanning, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

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