

Dr. YADAV HOSPITAL, BARSHI.

Mrs. Aasha Pawar.

age = 40 F. Quadraple

Parous gravida G2 P1 W1 D1

EMP = NOT known

Non diabetic

USG = 19.3 weeks

- Adv. - Triple marker /
- Quadraple test

weight :- 60 kg.

pk.

7350857951

DOB

24351485



Arihant

DIAGNOSTIC CENTRE

DR. AASHISH BOPALKAR
M.B.B.S., D.M.R.E.
Consulting Radiologist
Regd. No. 78895

Vkar Plot, Behind Bhogeshwari Temple, Near Bhaji Market,
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3D & 4D Sonography Available

Patient Name	:	Mrs. Asha Mohan Pawar	Age/Sex	:	30 Years/ Female
Ref. By DR.	:	S. P. Yadav, MS	Date	:	10-Jul-23

USG OBSTETRICS

Pelvic Sonography shows a Single fetus
PRESENTATION Breech.

PLACENTA Fundo Anterior, Grade 2

FHS - 151 {H.B.}/min

Normal fetal heart & Limb activities were seen on Real Time Examination
There is Normal amount of Amniotic fluid

The Fetal Parameters are as follows

		GA
BPD	4.63 cm	20 weeks 0 days
HC	17.32 cm	19 weeks 6 days
AC	13.90 cm	19 weeks 2 days
FL	2.92 cm	19 weeks 0 days
HL	2.74 cm	18 weeks 5 days
WEIGHT	282 g +/- 42 g	
Cervix-	5.1 cm	
Internal Os-	Closed	

The Cranium , Brain , Ventricles , posterior fossa are imaged.Fetal Face visualised .
Fetal Spine imaged.fetal Lungs shows normal ecogenicity.Diaphragm visualized.
Single stomach Bubble is identified.Urinary Bladder is distended.Three vessel umbilical
cord is seen.Four Chamber view of heart visualized.Outflow Tracts visualized.
Fetal Limbs visualised. No evidence of Anencephaly is seen . No evidence of
Hydrocephalus is seen At Present . No evidence of Holoprosencephaly is seen .No
evidence of Hydranencephaly is seen .It is Not Possible to detect all Congenital
anomalies on Ultrasound due to Fetal Position,Gestational Age, Liquor amount &
Maternal Abdominal wall thickness.Ultrasound maximizes possibility of detecting
abnormalities[RCNA January 1990, Vol 28].

Soft Markers of Aneuploidy

Ecogenic intra Cardiac Focus - No

Ecogenic Bowel Loops- No

Choroid Plexus Cyst - No

Short Femur/Short Humerus - No

Mild Hydrocephalus - No

Mild Hydronephrosis- No

Increased Nuchal fold thickness - No . Aberrant Right SubClavian Artery - No



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IMPRESSION-Single Live Intra Uterine Pregnancy seen with Breech At Present
Presentation

By USG Parameters , The Gestation is 19 weeks 3 days +/- 2 weeks
& EDD is 01-Dec-23

By her LMP, The Gestation is 20 weeks 0 days & EDD is 27-Nov-23
PI of Right Uterine Artery 1.19 & PI of Left Uterine Artery [1.35] are
Normal

Liquor is (AFI is 18.19 cm).
LMP of Patient -20-Feb-23

Suggest Sonography At Gestational Age of 26 weeks to rule out Evolving Anomalies

Thanks For Kind Referral

I Dr. Aashish Bopalkar Declare That I have neither detected , Nor disclosed Sex of fetus of
Pregnant Patient to Any Body in Any manner .


Dr. Aashish Bopalkar

Evolving anomalies are seen at Later stages of Gestation & are not seen in Earlier Scans.
Anomalies of small Parts Like Ears, Fingers & Toes can not be detected routinely because of Unfavourable
Position to Visualise it.

Normal Looking fetal stomach bubble does not rule out Oesophageal atresia,
And TracheoOesophageal fistula.

Minor Cardiac defects Like small VSD, Small ASD ,Mild stenotic Lesions,coronary artery anomalies
& anomalies that evolve towards Later gestation Like Aortic Arch Anomalies & those of Pulmonary venous
Drainage may not be always identifiable antenatally .Hemivertebrae, Butter fly vertebrae can not be routinely
diagnosed on Sonography. Anomalies resulting from non closure of Physiological shunts Like Patent Foramen
Ovale& PDA will be evident only after Birth. Some anomalies Like TracheoOesophageal fistula, Oesophageal
atresia,
Imperforate anus, Isolated Cleft palate can not be diagnosed on antenatal Sonography

Cogenital skin disorders can not be detected prenatally.

Congenital metabolic Disorders, enzyme deficiencies can not be detected by USG.

Abnormalities in the external genital organs can not be seen & documented for Legal reasons.

Congenital dislocations of Joints can be suspected only when extremities are seen in abnormal position w/
scanning .