



Patient Name: MRS RIZWANA BANO	Date: 15/07/2023
Patient Id: 6661	Age/Sex: 28 Years / FEMALE
Ref Phy: DR. AJAY HALDER MS	

Investigation:- ANOMALY SCAN

Dating	LMP	GA		EDD
		Weeks	Days	
By LMP	LMP: 02/03/2023	19	2	07/12/2023
By USG		19	2	07/12/2023
AGREED DATING IS (BASED ON Biometry)				

Fetal brain & skull:

Normal size of fetal head & normal son density of fetal skull bones, Normally seen fetal cerebral ventricles& choroid plexuses Cerebelli, vermis & cistern magna appear normal.
Atria of lateral cerebral ventricle measures 6.4 mm
Normal cranio vertebral junction observed.

Fetal face:

Revealing normal orbits, lenses & outer orbital & inter orbital distance is 33.6 mm&12.7 mm.respectively.
Jaws are seen normally .Premaxillary triangle seen normally.
Lips and nasal folds are normal.

Fetal Neck :

Nuchal fold is 3.2 mm in thickness .
No neck mass observed.

Fetal spine:

Seen normally though out its length.
No evidence of any myeloschiasis/ bifidus defect

Fetal thorax:

Proportionate fetal thoracic cage with normally seen lung parenchyma .
Fetal heart shows normal cardiac chambers with normal configuration .
Cardiac outflow tracts are normally seen.
Regular fetal heart rate & its rhythm observed .
Diaphragms are seen normally with no evident congenital hernia into the thorax .

Fetal abdomen:

Revealing normal situs
Fetal kidneys, urinary bladder, stomach seen normally
Fetal bowel loops are seen normally.
Normal cord insertion at the umbilicus with no evidence for abdominal wall defect.
Cord configuration of vessels observed to be two arteries& one vein.

Limbs:

Fetal limbs both upper & lower are seen with normal proportionate long bone
Fetal feet & hands are showing normal digits. No CTEV seen .
Normal fetal limb movements with normal tone observed





OBSTETRIC USG STUDY

Fetus : Single	Lie: Longitudinal
FM : Adequate	FCA : 147/mt
Liquor : Adequate	Presentation : Cephalic
PLACENTA : LT Antero-Lateral Gr 1 (Away from the internal os), Thickened Placenta Of maximum thickness 6.5 cm with Normal Retroplacental-myometrial interface.	
CERVIX IS : 39.7 mm in length with closed os & canal.	

Fetal Growth Parameters:-	mm	Weeks	Days	Percentile
Biparietal Diameter	44.4	19	3	57%
Head Circumference	170.5	19	5	61%
Transverse Cerebellar Distance	20.5	20	6	89%
Nasal Bone Length	6.7			61.8%
Abdominal Circumference	133.7	18	6	31%
Humerus Length	29	19	3	56%
Radial Length	25.8	20	2	71.6%
Ulnar Length	28.4	20	4	69%
Femoral Length	28.9	19	0	28%
Tibial Length	27.4	20	0	72%
Fibula Length	26.7			59.5%
Foot Length	32.1	19	6	
[FL/FT Ratio	0.90]		
Inner Orbital Distance	12.7	19	2	60.6%
Outer Orbital Distance	33.6	21	4	66.3%
Fetal Weight	266 Grams + 39 Grams.			27.7%
Heart Rate	147 Beats Per Minute.			
FL/AC = 0.22		HC/AC = 1.28		
FL/BPD = 0.65		BPD/OFD = 0.32		

Uterine Artery Parameters:- Vessels	S/D	RI	PI	PI Percentile	Remarks
Right Uterine Artery	2.6	0.61	1.21	59.1%	No early Diastolic notch seen
Left Uterine Artery	2.5	0.61	1.12	46.8%	No early Diastolic notch seen
Mean Uterine Artery			1.165	53.6%	
Ductus venosus	2.5	0.61	0.99		PSV=-43.1 Normal waveform Pattern

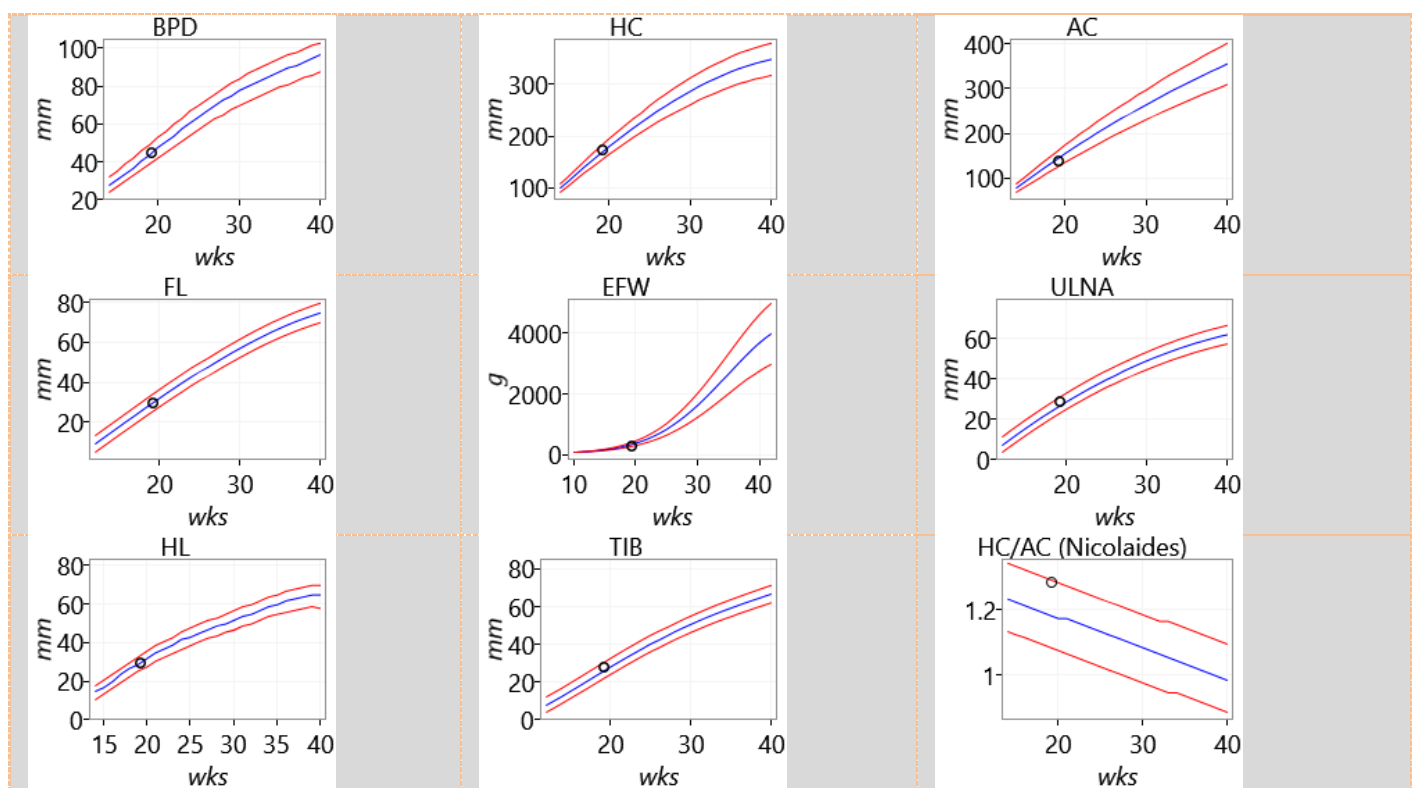




Impression: Single live intrauterine gestation corresponding to 19 wks 2 days of estimated gestational age.

- No obvious structural abnormality at the time of examination .
- No obvious soft marker of any chromosomal abnormality at the time of examination.

Note :Dedicated fetal echo not done



Please note that all anomalies can not be detected all the times due to various technical and circumstantial reasons like gestation period, fetal position, quantity of liquor etc. The present study can not completely confirm presence or absence of any or all the congenital anomalies in the fetus which may be detected on post natal period. Growth parameters mentioned herein are based on International Data and may vary from Indian standards. Date of delivery (at 40 weeks) is calculated as per the present sonographic growth of fetus and may not correspond with period of gestation by L.M.P. or by actual date of delivery. As with any other diagnostic modality, the present study should be correlated with clinical features for proper management. Except in cases of Fetal Demise or Missed Abortion, sonography at 20-22 weeks should always be advised for better fetal evaluation and also for base line study for future reference.

Declaration of Doctor/Person conducting ultrasonography/image scanning

I, **DR SONAM VERMA** declare that while conducting sonography on **MRS RIZWANA BANO**, I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

✓
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✓
Sonam





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