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• REGENCY HOSPITAL LTD, KANPUR
• JAWAHAR LAL NEHRU CANCER HOSPITAL, BHOPAL
FMF Certified from
Fetal Medicine Foundation
Reg. No. MP-8932
AGE/SEX : 35 Y/F

PATIENT'S NAME : MRS. AKANSHA

DATE : 11.08.2023

REF. BY : DR. POOJA SHRIVASTAVA (MBBS, MS)

OBSTETRIC USG (EARLY ANOMALY SCAN)

LMP: 09.05.2023

GA(LMP): 13wk 3d

EDD : 13.02.2024

- Single live fetus seen in the intrauterine cavity in variable presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 165 beats/min.
- PLACENTA: is grade I, anterior with lower edge just reaching upto internal os.
- LIQUOR: is adequate for the period of gestation.

Fetal morphology for gestation appears normal.

- Cranial ossification appears normal. Midline falx is seen. Choroid plexuses are seen filling the lateral ventricles. No posterior fossa mass seen. Spine is seen as two lines. Overlying skin appears intact.
- Both orbits & lens seen. PMT is intact. No intrathoracic mass seen. No TR.
- Stomach bubble is seen. Bilateral renal shadows is seen. Anterior abdominal wall appears intact.
- Urinary bladder is seen, appears normal. 3 vessel cord is seen.
- All four limbs with movement are seen. Nasal bone well seen & appears normal. Nuchal translucency measures 2.1 mm (WNL).
- Ductus venosus shows normal flow & spectrum with positive "a" wave (PI ~ 0.75)

FETAL GROWTH PARAMETERS

		~	13	wks	3 days of gestation.
CRL	72.4	mm			

- Estimated gestational age is 13 weeks 3 days (+/- 1 week). EDD by USG : 13.02.2024
- Internal os closed. Cervical length is WNL (36.9 mm).
- Baseline screening of both uterine arteries was done with mean PI ~ 1.94 (WNL for gestation).
- Date of last delivery 30.07.2020.
- Gestation at delivery of last pregnancy 39 weeks 1 days.

IMPRESSION:

- Single, live, intrauterine fetus of 13 weeks 3 days +/- 1 week.
- Gross fetal morphology is within normal limits.
- Low lying placenta with lower edge just reaching upto internal os

Follow up at 19-22 weeks for target scan for detailed fetal anomaly screening.

Declaration : I have neither detected nor disclosed the sex of the fetus to pregnant woman or to anybody. (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.)

(DR. ANKITA VIJAYVARGIYA)