

# INFINITY IMAGING & DIAGNOSTIC CENTRE

SMALL PARTS / ULTRASONOGRAPHY / COLOUR DOPPLER



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**Name** : MRS. ASHWINI VJAY PATIL

**Age/Sex** : 36 YEARS/F

**Ref By** : Dr. DEEPALI KHABALE MADAM

**Date** : 02 Sep 2023

## OB - 2/3 TRIMESTER SCAN REPORT

### INDICATION(S)

#### EARLY TARGET SCAN

Real Time B - mode ultrasonography of gravid uterus done.

Route: Trans abdominal.

Single intrauterine gestation.

**Maternal: Cervix measured 3.1 cm in length. (Advice PV)**

#### FETUS - Survey

- Placenta - Left Lateral extending Anterior, Lower edge of placenta is 1.8 cm away from OS, Low Lying.
- Liquor - Normal
- Presentation - Variable
- Lie - Variable
- Single Deepest Pocket = 4.8 cm and AFI = 16.3 cm.
- Umbilical Cord - Two Arteries And One Vein.
- Fetal Activity Present.
- Cardiac Activity Present
- Fetal Heart Rate - 156 bpm.

#### Fetal Biometry -

LMP: 11 May 2023

EDD BY LMP - 15 Feb 2024

EDD BY USG - 06 Feb 2024

BPD : 3.9 cm	17 Weeks 6 Days
HC : 13.4 cm	17 Weeks 0 Days
AC : 12.4 cm	18 Weeks 0 Days
FL : 2.3 cm	17 Weeks 0 Days

**Foot Length:** - 28 mm

**TCD** - 17 mm

**Right Uterine PI:** 1.1

**Left Uterine PI:** 0.9

**Mean Uterine PI:** 1.0, Normal.

## **Fetal Anatomy:-**

### ➤ **Head :**

- Skull appears normal in size and shape.
- Falx is midline.
- Cavum septum pellucidum is seen and it measures 3.0 mm.
- Both lateral ventricles appeared normal, width measuring 7.0 mm. No evidence of Ventriculomegaly.
- Cisterna magna appears normal and it measures 3.3 mm.
- No identifiable intracranial lesion is seen.

### ➤ **Face :**

- Fetal face is seen in coronal and profile views.
- Both Orbits, Nose and Mouth appear normal.
- No evidence of any obvious cleft lip seen.

### ➤ **Neck :**

- No evidence of any cystic lesion seen around neck.

### ➤ **SPINE**

- Entire spine is visualized in longitudinal and transverse axis.
- Spine appeared normal. No evidence of significant open neural tube defect / Protrusion seen at present scan.

### ➤ **THORAX :**

- Both lungs appeared normal.
- No evidence of pleural effusion noted.
- Heart - Normal cardiac situs and axis are noted. **Limited Imaging Done.**
- Four chamber view and three vessel view seen. (A small VSD cannot be seen.)

*(Note: Exclusive fetal 2D echo at 22 – 24 weeks is necessary to diagnose major cardiac anomalies, all cardiac anomalies cannot be diagnosed on B – Mode Ultrasound, ASD and PDA cannot be diagnosed antenatally as they are physiological, TAPVC Screening not included in this scan)*

### ➤ **ABDOMEN**

- Abdominal situs appeared normal.
- Stomach Bubble is seen and is in normal position.
- Both kidneys are normal in size, location and echogenicity.
- Urinary bladder is distended and appeared normal.
- No evidence of ascities noted.

### ➤ **Limbs :**

- All long bones appeared normal for the period of gestation. All the digits may not always be seen due to positional abnormalities.

### ➤ **Fetal Weight :**

- Estimated fetal weight according to BPD, HC, AC, FL : 199 +/- 29 gms.



### Markers of Aneuploidy –

- Increased nuchal fold thickness – No.
- Fetal Ventriculomegaly – No.
- Echogenic Intracardiac Focus – No.
- Choroid Plexus cyst – No.
- Echogenic Bowel Loops – No.
- Shortened Fetal Long Bones – No.

### **Impression:**

- Single Live gestation corresponding to gestational age of 17 Weeks 4 Days.
- Placenta – Left Lateral extending Anterior, Lower edge of placenta is 1.8 cm away from OS, Low Lying.
- Presentation – Variable
- No Loop of cord seen around neck at present scan.
- Liquor – Normal
- Estimated fetal weight according to BPD,HC,AC,FL : 199 +/- 29 gms.

**Dedicated fetal 2D Echo is not included in this scan. Follow up scan at 19 – 20 weeks to assess Evolving Anomaly and fetal heart.**

- *All congenital anomalies/malformations are not be detected on USG. (RCNA, JAN. 1990, VOL. 28 )*
- *Fetal survey is limited by fetal position, movements, quantity of amniotic fluid & thickness of maternal anterior abdominal wall. Some anomalies are evident at later stages of pregnancy, for which follow-up is suggested.*
- *ही सोनोग्राफी हृदयदोषांसाठी केलेली नाही. सोनोग्राफीमध्ये अन्ननलिका श्वासनलिका जोडलेली असणे, संडासाची जागा बंद असणे, रक्तवाहिनी अरुंद असणे, या गोष्टी दिसतीलच असे नव्हे. त्या बाळाचा वाढीबरोबर केव्हाही उध्दभवू शकतात.*
- **I Dr. Rohit V Kandalkar declare that while conducting ultrasonography/image scanning of this patient MRS. ASHWINI VIJAY PATIL, I have neither detected nor disclosed the sex of fetus to anybody in any manner.**

**NY THANKS FOR REFERRAL**

**ROHIT KANDALKAR**  
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**V. Kandalkar**  
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**SIGN OF PATIENT**