

INFINITY IMAGING & DIAGNOSTIC CENTRE

SMALL PARTS / ULTRASONOGRAPHY / COLOUR DOPPLER



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Name : MRS. ASHWINI VIJAY 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 Orbita, 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 ascites 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.

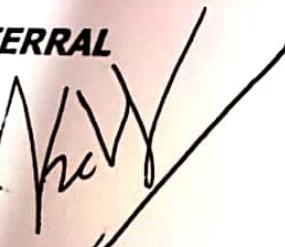
Dedicated fetal 2D Echo is not included in this scan. Follow up scan at 19 – 20 weeks to assess Evolving Anomaly and fetal heart.

- 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 उद्दभवू 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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(London) Certified
Logist - 168675

V. Kandalkar ?
sulting Radiologist



SIGN OF PATIENT