

Name	: MRS. PALLAVI VISHAL PAWAR	Age/Sex	: 22 YEARS/F
Ref By	: Dr. DEEPALI KHABALE MADAM	Date	: 15 Sep 2023

OB – 2/3 TRIMESTER SCAN REPORT

INDICATION(S)

TARGET SCAN

Real Time B – mode ultrasonography of gravid uterus done.
 Route: Trans abdominal.
 Single intrauterine gestation.

Maternal: Cervix measured 3.3 cm in length.

FETUS –

Survey

- Placenta – Fundal Posterior, Away from OS.
- Liquor – Normal
- Presentation – Variable
- Lie – Variable
- Single Deepest Pocket = 3.0 cm and AFI = 15 -16 cm.
- Umbilical Cord - Single Umbilical Artery.
- Fetal Activity Present.
- Cardiac Activity Present
- Fetal Heart Rate - 167 bpm.

Fetal Biometry –

LMP: 10 May 2023

EDD BY LMP – 14 Feb 2024

EDD BY USG – 16 Feb 2024

BPD : 4.1 cm	18 Weeks 3 Days
HC : 14.8 cm	18 Weeks 0 Days
AC : 18.7 cm	17 Weeks 3 Days
FL : 2.7 cm	18 Weeks 1 Days

Foot Length: - 26 mm

TCD - 17 mm

Right Uterine PI: 0.8

Left Uterine PI: 1.0

Mean Uterine PI: 0.9, Normal.

Fetal Anatomy:-

➤ Head :

- Skull appears normal in size and shape.
- Falx is midline.
- Cavum septum pellucidum is seen and it measures 2.8 mm.
- Both lateral ventricles appeared normal, width measuring 6.0 mm. No evidence of Ventriculomegaly.
- Cisterna magna appears normal and it measures 4.4 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.
- Four chamber view and three vessel view seen. (A small VSD cannot be seen.)
- Outflow tracts appear normal.

(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 : 212 +/- 31 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 18 Weeks 0 Days.
- Placenta – Fundal Posterior, Away from OS.
- Presentation – Variable
- No Loop of cord seen around neck at present scan.
- Umbilical Cord - Single Umbilical Artery.
- Estimated fetal weight according to BPD,HC,AC,FL : 212 +/- 31 gms.

Suggested repeat scan after 8 weeks to assess the interval growth / Dedicated fetal 2D Echo is not included in this scan.

- 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, संदासाची जागा बंद असणे, रक्तवाहिनी अरुंद असणे, या गोष्टी दिसतीलच असे नव्हे. त्या बाळाचा वाढीबरोबर केव्हाही उद्धमवृ शक्तात.
- I Dr. Rohit V Kandalkar declare that while conducting ultrasonography/image scanning of this patient MRS. PALLAVI VISHAL PAWAR, I have neither detected nor disclosed the sex of fetus to anybody in any manner.

MANY THANKS FOR REFERRAL

DR. ROHIT KANDALKAR
MBBS, DMRE
FMF (London) Certified
Sonologist - 168675
Rohit V. Kandalkar
MD/Consulting Radiologist

P. V. Pawar
* *

SIGN OF PATIENT