

Qweedexple mark

H- 5.3

W- 79kg

B- 01/07/91



DEPARTMENT OF RADIODIAGNOSIS
ALL INDIA INSTITUTE OF MEDICAL SCIENCES BHOPAL
Saket Nagar, Bhopal M P India - 462 020

ULTRASONOGRAPHY REPORT

OBSTETRICS

Date: 06/07

Patient's Name: RANJAN DWIVEDI

Age: 31/F

OPD Registration No:

239212301393741

Referred By:

USG No.:

LMP - GA by LMP - 20/07/2023

EDD by LMP - 25/01/2024

Number of fetuses - Single

Fetal Position

- Kneeble

Fetal Heart

- Seen

/ Heart Rate 138 bpm

Placenta Position

- Posterior, Grade II

Amniotic fluid

- Adequate, SDP = 5.2 cm

Fetal Biometry

- All measurements are in cms.

BPD =

20w40 (4.78 cm)

FL =

20w50 (3.40 cm)

HC =

20w30 (17.84 cm)

AC =

20w00 (14.59 cm)

Effective gestational age by USG = 20w30

Fetal Weight

= 343 ± 50g

Screening of Body Parts:

HEAD:

Skull - Normal / dolicocephalic

Nuchal fold thickness- 2.73 mm

Orbital diameter- 10.7 mm

Inter orbital distance- 10.5 mm

Palate, Lips & Nose appear normal



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Brain - Cerebellar diameter (TS) - 20.5 mm

Cisterna magna - 4.4 mm

Atria of lateral ventricle - 7.1 mm

All the above measurements are within normal limits.

Fetal Spine: Appears normal. (Parallelism of anterior and posterior lamellae is well maintained)

Chest: Bilateral Lung appear normal in morphology and parenchymal echogenicity.
Diaphragm appears normal

Heart: 4 chambers views suggest normal sizes of all cardiac chambers

- Normal situs
- Normal outflow tracts

Abdomen: Cord insertion - Normal
3 Vessel cord is noted

Stomach: Bubble well visualized, normal in position.

Normal distribution, diameter and echogenicity of bowel loops.

Kidney: Bilateral kidneys are normal in size and echogenicity.

No evidence of hydronephrosis.

Urinary Bladder: appears normal.

Limbs: Humerus length: 32.6 mm
Tibial length: 30.8 mm
Foot length: 32.7 mm

Above screening suggest absence of any apparent congenital anomaly.

IMPRESSION: Single live intrauterine gestation of EGA = 20w3d

DECLARATION

I, Dr. Nishant, declare that while performing sonography/ Image scanning of Krishna, I have neither detected nor disclosed sex of the fetus to her or anybody in any manner. (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 and tissue echogenicity. Therefore all fetal anomalies may not necessarily be detected at every examination. Patient has been counseled about the capabilities and limitations of this examination)

Dr. Nishant
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SONOLOGIST: