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$$\begin{array}{r} 23 \\ 89 \overline{) 2023} \end{array}$$

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BP- 78/12/70

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Sept 2.75 - Am

10/26/2017

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22016

Neubulization
o o Budden

~~twice daily x 2 days~~

To Buelean



वर्मा हॉस्पिटल

शास्त्री नगर, सांची रोड़, विदिशा (म.प्र.) मो. 9399534926

Shiba kushwaha दिनांक 13/9/23

डॉ. विधि वर्मा

M.B.B.S.

स्त्री रोग चिकित्सक

रजि. नं. 3662

Adv :- Bp \Rightarrow 100/70

CBP

Hb%

BT

CT

RBG

HIV

HBsAG

HCV

VDRL

UPT

Urine $\left\{ \begin{array}{l} R \\ M \end{array} \right.$

USG Abdomen

Blood Uria

S. Creatinine

LFT

BLOOD GROUP

URINE $\left\{ \begin{array}{l} ALBUMIN \\ SUGAR \end{array} \right.$

5 माह पूरे होकर टारगेट
सोनोग्राफी करानी है।

मिलने का समय

OPD-10 am to 2 pm

6 pm to 8 pm

रविवार अवकाश

Green

6th

P/A 2d-2000b
vap.
PMSR

Wanted Targeted scan

1m

will

Cy. Rabawinder
Rajinder

T. Cefixim
1/2 mtr

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1/2 free

Cy. see 3 once/12

X-ray Iccivita
Answer powder
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नोट: चेकअप कराने से पहले फोन पर अपॉनमेंट प्राप्त करें। मो. 9399534926



NAME : SMT. SHAILO KUSHWAH W/O RAMESH	AGE : 27 YRS/F
REF. BY : DR. VIDHI VERMA (MBBS)	DATE : 28-SEP-2023

TARGET SCAN FOR FOETAL CONGENITAL ANOMALIES

☆ **Head :-**

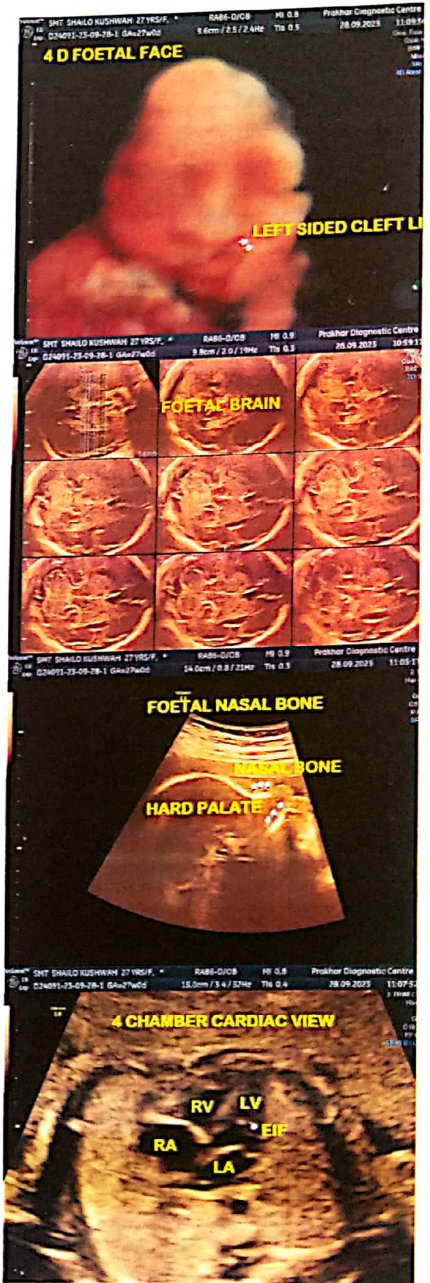
- Head appears normal in size and shape.
- Both lateral ventricles appear normal. Maximum transverse diameter at atrium of LV level measures 7.3 mm in right and 7.0 mm in left half.
- Midline echoes appear normal.
- Cerebellum appears normal.
- Cisterna magna appears normal.
- No SOL (space occupying lesion) is seen in cerebral parenchyma.
- Normally seen foetal choroid plexuses and vermis.
- Normal craniovertebral junction observed.

☆ **Neck :-**

- No cystic lesion is visible around the foetal neck.
- Foetal face was visualized in profile and coronal scans.
- Both eyeballs and nose appears normal.
- Nasal bone was well visualized.
- Nuchal fold is 4.1 mm thick (Normal < 6 mm).
- No neck mass observed.
- Unilateral upper lip defect noted involving its left half suggestive of - left sided cleft lip with associated unilateral left sided cleft palate noted.

☆ **Thorax :-**

- Normal cardiac situs and position.
- A small intracardiac echogenic foci is seen in foetal left ventricle suggestive of - intracardiac echogenic foci considered as a soft marker of trisomy 21 but as a single marker has a very low likelihood ratio (In asian races considered as incidental nonspecific finding if seen as a single finding).
- Both lungs were visualized.
- No evidence of pleural or pericardial effusion.
- No SOL (space occupying lesion) in thorax.
- Cardiac out-flow tracts are seen normally.
- Diaphragms are seen normally with no evident herniation into the thorax.



P.T.O.

☆ Spine : -

- Full length of the vertebral column is visualized and appears normal.
- No evidence of any bifid defect or meningoceol.

☆ Abdomen : -

- Multiple tiny foci of liver parenchymal calcification noted.
- Anterior abdominal wall appears intact.
- Normal abdominal situs.
- Foetal gall bladder, stomach and bowel loops appear normal.
- No evidence of ascites.

☆ Urinary tract : -

- Both kidneys appears normal in size. No pelvicalyceal dilatation, renal pelvic diameter measured 2.3 mm in right & 1.7 mm in left.
- Urinary bladder appears normal.

☆ Limbs : -

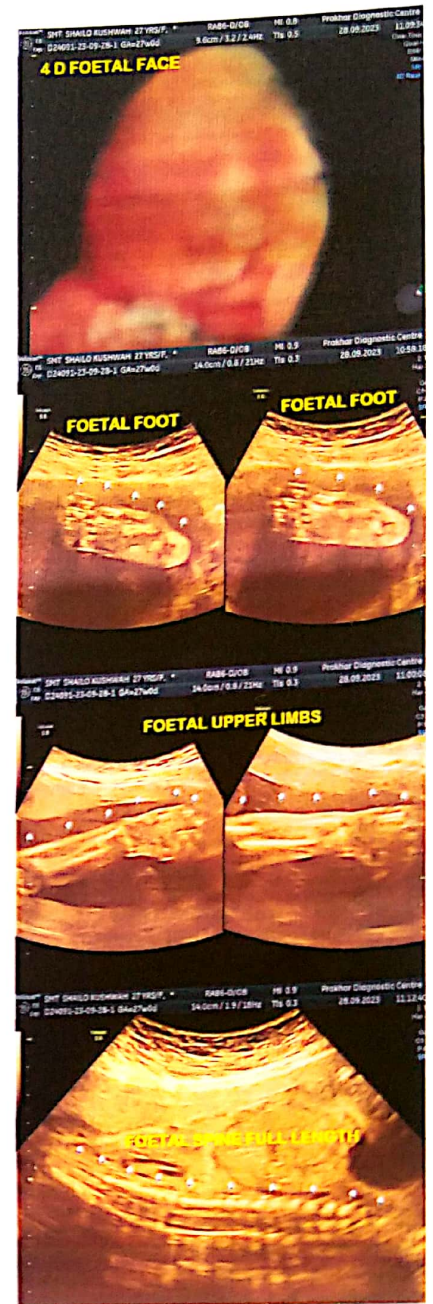
- All the four limbs are seen. The long bones appear normal for the period of gestation.
- Both the hands and feet appeared normal.
- Normal foetal limb movements with normal tone observed.

☆ Umbilical Cord : -

- Cord appears normal and reveals two arteries and one vein.
- Normal cord insertion at the umbilicus with no evidence of abdominal wall defect.

Note : - Not all congenital anomalies especially of the heart and chromosomal abnormalities can not be ruled out on ultrasound.

: - Dedicated foetal echocardiography could not be done [Advice:- Dedicated foetal cardiac evaluation (if clinically indicated) between 22 to 24 weeks of gestation].



Piyush
Signature
(Radiologist)

(This report is only a professional opinion & not the diagnosis. It should be clinically interpreted by the clinician)

Dr. Piyush Shrivastava
(MD-Radiodiagnosis)
Reg. No. MP-2274
Prakhar Diagnostic Centre Vidisha

SONOGRAPHIC SECOND TRIMESTER ANEUPLOIDY SCREENING

FOETAL ANEUPLOIDY MARKERS	REMARKS
Unossified nasal bone	Not detected
Cerebral Ventriculomegaly	Not detected (Right half of lateral ventricle measured = 7.3 mm & left half of lateral ventricle measured = 7.0 mm at level of atrium)
Thick nuchal fold	Not detected (Nuchal fold is 4.1 mm thick) (Normal < 6 mm).
Echogenic Foetal bowel	Not detected
Renal pylectasis	Not detected (Right renal pelvis measured 2.3 & left renal pelvis measured 1.7 mm)
Echogenic intracardiac focus (EIF)	Intracardiac echogenic foci is noted in foetal left ventricle.
Short humerus	Not detected
Short femur	Not detected
Choroid plexus cyst	Not detected
Mega-cisterna magna	Not detected

IMPRESSION : -

- All the second trimester major and minor aneuploidy markers are absent in the present ultrasound study except Echogenic intracardiac focus (EIF) (very low likelihood ratio as a single marker).

NAME : SMT. SHAILO KUSHWAH W/O RAMESH
REF. BY : DR. VIDHI VERMA (MBBS)

AGE : 27 YRS/F

DATE : 28-SEP-2023

SONOGRAPHY REPORT (LEVEL - II SCAN)

OBSTETRIC USG

Foetal Parameters (By Dr. Prashant Acharya et al)

BPD -	69 mm	27 wks	2 days
FL -	50 mm	27 wks	4 days
AC -	205 mm	26 wks	0 days

Mean Gestational Age	27 wks	0 days	+ 2 wks 1 day
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Placenta - Position- Anterior involving upper & mid uterine segment (approx 3.2 cm away from internal os).

Grade - Zero

Foetus - Single.
Foetal Lie - Longitudinal.
Foetal Presentation - Breech (unstable) (at the time of examination)
Foetal Spine - Normal
Foetal, Stomach and Bladder - Normal

Liquor- Adequate. The four quadrant amniotic fluid index is 11.3 cm (Normal Range 8 to 22).

Foetal Heart Rate - 135 bts/min, regular. (Normal Range 120 to 180 Beats/Min).

Foetal Movements- Present and normal.

Expected Foetal Weight- 910.0 grams, $\pm 10\%$ of Foetal Weight. (By Dr. Prashant Acharya et al).

Expected Date of Delivery- 28/12/2023

Impression: Real time obstetric USG study reveals :-

- ❖ Single, live foetus in **breech (unstable)** position at the time of examination, corresponding to a mean gestational age of 27 weeks 0 days.
- ✱ Internal os is closed & cervical length is well maintained (cervical length measured = 3.6 cm).
- ✱ Foetus is in breech (unstable) position.
- ✱ Single loose loop of umbilical cord appears to encircling foetal neck on colour doppler examination.
- ✱ No evidence of any concealed haemorrhage.
- ✱ Liquor is adequate with normal foetal movements noted.
- ✱ A small intracardiac echogenic foci is seen in foetal left ventricle suggestive of - intracardiac echogenic foci considered as a soft marker of trisomy 21 but as a single marker has a very low likelihood ratio (In asian races considered as incidental nonspecific finding if seen as a single finding).
- ✱ Unilateral upper lip defect noted involving its left half suggestive of - left sided cleft lip with associated unilateral left sided cleft palate noted.
- ✱ Multiple tiny foci of liver parenchymal calcification noted.
- ✱ Right uterine PI measured = .87, left uterine PI measured = .93, mean uterine PI measured = .90 appears to fall within normal limits for the gestational age.

Advice :- Amniocentesis for chromosomal analysis + TORCH test.

Declaration of Doctor / Person conducting U.S.G./Image Scanning

I, **Dr. Piyush Shrivastava** declare that while conducting U.S.G. on Smt. Shailo Kushwah I have neither declared nor disclosed the sex of her foetus to anybody in any manner.

Dr. Piyush Shrivastava
(M.D. Radiodiagnosis)
Reg. No. MP-2274
Prakhar Diagnostic Centre Vidisha

(This report is only a professional opinion and not the diagnosis. It should be clinically interpreted by the clinician)

