



KALPATARU DIAGNOSTIC CENTRE

Dr. Apeksha Rathod

MBBS (MUHS Gold Medal)

MD Radiology (MUHS Silver Medal), DNB Radiology

FMF UK Certified for First Trimester Screening

(FMF Id-250746)

Sonography, Colour Doppler & Digital X-Ray

Name of Pt : Mrs. Anvita Sumit Jaitmal

Ref BY : Dr. Chandaliya Madam

Dated : October 9, 2023

SONOGRAPHY OF GRAVID UTERUS

LMP: 16/05/2023

GA by LMP: 20 wks 6 days

EDD by USG: 20/02/2024

Indication: Fetal anomaly scan. History: No risk factor. Complaints: Nil at this stage

Patient's counseling done. Limitations and risk factors explained in her own language.

Fetal environment:

Placenta: posterior, grade 2 and appears normal. Low lying 1.29 cm from os.

Placental morphology: Normal.

Umbilical cord: Two vessel cord noted.

Amniotic fluid : Adequate.

Fetal anatomical survey: Single

Presentation: changing at present

Lie: changing

Movement: seen

Heart: Four chambered heart noted. FHR: bpm – 154 regular.

Estimated fetal weight: 350 gms.

ROUTINE FOETAL BIOMETRY:

BPD 4.52 cm : corresponding to 19 wks 5 days.

HC 18.65 cm : corresponding to 21 wks 0 days

AC 14.45 cm : corresponding to 19 wks 5 days

FML 3.50 cm : corresponding to 21 wks 0 days

These parameters correspond with sonic maturity of around 20 wks 3 days.

PTO



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Fetal extended biometry:

Parameters	Measurement in cms	Weeks	Days
Lateral ventricle	0.56		
Trans Cerebellar diameter	2.22		
Cistern magna	0.49		
Interorbital distance	Normal		
Orbital diameter	Normal		
Fetal ear	Seen		
Clavicle	Normal		
Scapula	Normal		
Humerus	Normal		
Radius	Normal		
Ulna	Normal		
Tibia	Normal		
Fibula	Normal		
Foot	Normal		

Genetic marker survey: (Anomaly Scan)

➤ Minor genetic markers(Soft markers)	➤ Major structural malformation
Choroid plexus cyst: Absent	Microcephaly - Absent
Borderline Ventriculomegaly - Absent	Holoprocencephaly- Absent
Nuchal thickness-normal	Orofacial clefting- Absent
Nasal bones- Seen	Major cardiac anomaly- Absent
Micro/ retognathia- Absent	Diaphragmatic hernia- Absent
	Omphalocele - Absent
Single UA- present	
Umbilical vein varix- absent	➤ Other Sonographic Findings
Umbilical cord cyst- absent	Cystic hygroma- Absent
	Hydrops- Absent
	IUGR- Absent
	Oligohydrominos- Absent
	Polyhydrominos- Absent
	Pleural effusion- Absent
	Fundic bubble seen
	Gall bladder- seen
	Double fluid filled area in abdomen- Absent
	Renal pyelectasis: Absent (Right / Left)
	Shortened long bones- Absent

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Single umbilical artery noted.

Tiny echogenic intracardiac focus (EICF) noted in left ventricle.

Uterine arteries:

Right : PI: 1.03

Left: PI: 0.74

Mean PI: 0.8 — 22nd centile normal for gestational age.

Both uterine arteries show normal colour flow and spectral waveform

No e/o diastolic notch seen on either side.

OPINION : Single live intrauterine gestation with average sonic maturity of around 20 wks 3 day.

Single umbilical artery .

Tiny echogenic intracardiac focus (EICF) noted in left ventricle.

Cervical length: 5.5 cm

Assigned EDD as per previous report: 16/02/2024

There is no evidence of gross fetal anomaly at this stage.

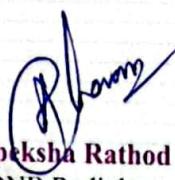
Adv.: Suggested quadruple marker and follow – up after 4 wks for better evaluation and evolving anomalies.

- This anomaly scan was performed in accordance with The Practice Guidelines Of Society Of Fetal Medicine, Published in Journal Of Fetal Medicine, March 2014, Page 1:11-15.
- All fetal developmental congenital anomalies could not be detected by USG due to Factors affecting like gestational age, position of fetus, abdominal wall thickness, amount of liquor , machine resolution , operator expertise & etc (RCNA JAN1990 VOL 28).
- Ultrasound markers of screening of chromosomal anomaly may not always be evident and as such their absence may not totally rule out presence of fetal chromosomal abnormality.

Thanks for referral

This report does not include 2D fetal echocardiography report.




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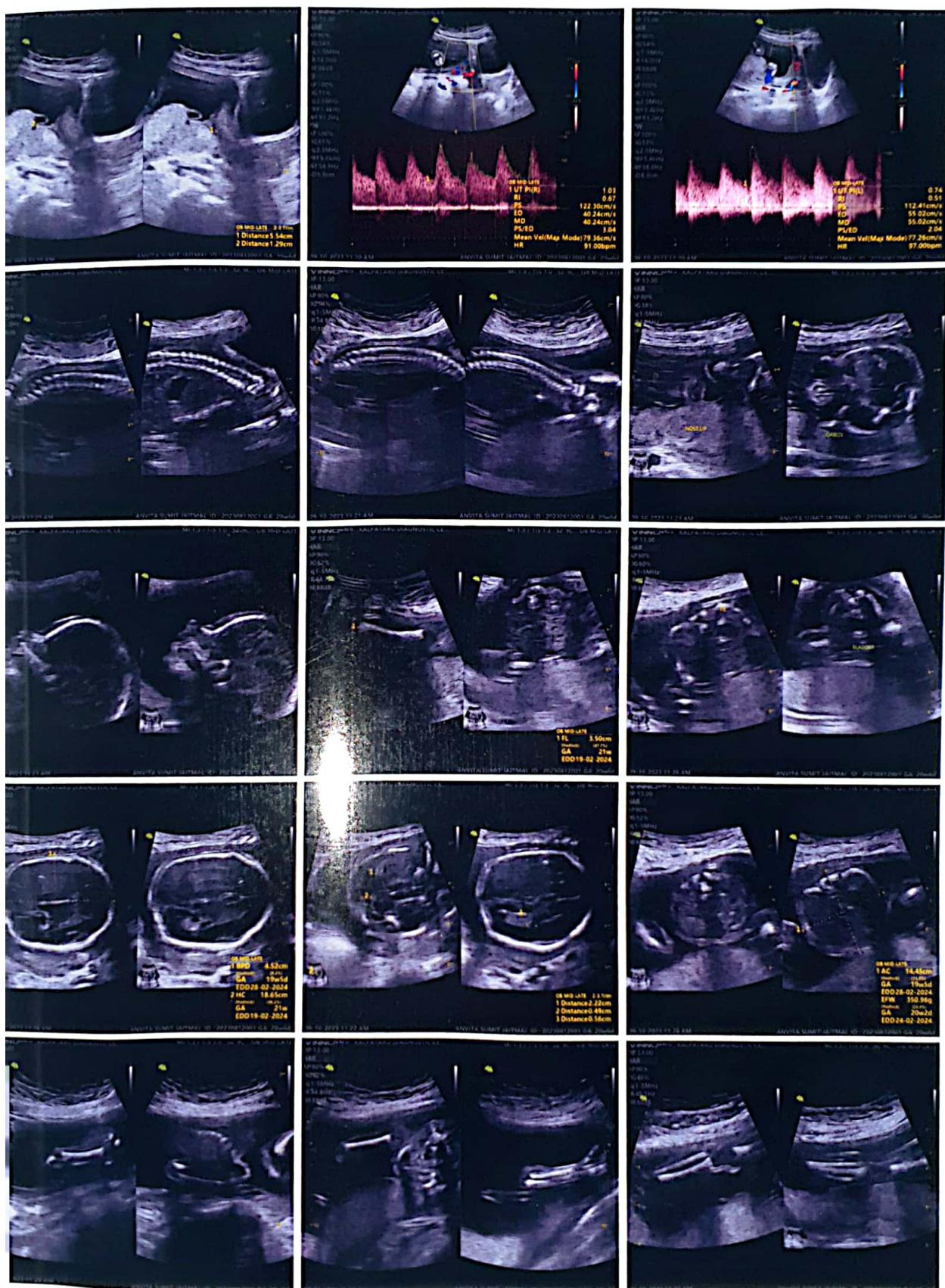
KALPATARU DIAGNOSTIC CENTRE

Page or ID: ANVITA SUMIT JAITMAL

Physician: DR.CHANDALIYA MADAM

Exam Date: 09-10-2023

Operator: DR APEKSHA CHAVAN



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