

DATE : - October 11, 2023  
NAME : - Mrs.Masira Shaikh  
REF BY :- Dr.Gazala Mukhtar

**USG OBSTETRIC FOR CONGENITAL ANOMALIES**

A single live foetus is seen with variable presentation.  
Foetal movements and foetal cardiac pulsations are normal.  
Foetal heart rate is bpm  
Placenta is fundal, appears thick, maximum thickness more than 4 cm.  
No evidence of placenta previa.  
Liquor is on lesser side. Internal os is closed.  
Length of the cervix is 32 mm.

**GROWTH PARAMETERS:**

LMP	: 17 05 2023	
EDD	: 21 02 2024	
Gestational age according to LMP: 21 weeks		
BPD	: 39 mm (18 wks)	< 2 %tile
Head circumference	: 148 mm (18 wks)	< 2 %tile
Abdominal circumference	: 108 mm (16 wks 5 days)	< 2 %tile
Femoral length	: 21 mm (16 wks 3 days)	< 2 %tile
Humerus length	: 21 mm (16 wks 4 days)	< 5 %tile
Radius length	: 17 mm (16 wks 4 days)	< 5 %tile
Ulna length	: 19 mm (16 wks 5 days)	< 5 %tile
Tibia length	: 17 mm (15 wks 5 days)	< 5 %tile
Fibula length	: 18 mm (16 wks 4 days)	< 5 %tile
Estimated gestational age	: 16 weeks 5 days	< 3 %tile
Estimated foetal weight	: 160 gm	

P.T.O

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- ECG
- E.E.G
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- Mammography
- Complete Health Check Up

Main Centre : Patil Plaza, Ground Floor, Near Saras Baug, Mitra Mandal Chowk, Pune - 411009. ☎ 020 - 24444966 / 24445243 / 24447299  
☎ 9356968199 ✉ xvisiondiagnosticcentre@gmail.com 🌐 Website : www.x-visiondiagnostic.com

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**CONCLUSION:**

- Single live foetus with variable presentation.
- Gestational age: Around: 16 weeks 5 days
- Oligohydramnios

All long bones are at or below 5th centile.  
Spine, ribs and feet appear normal.  
Visualised bones show normal echogenicity, no obvious fractures.  
Echogenic bowel  
Oligohydramnios

No significant history of genetic abnormalities in both families  
Non consanguineous marriage.

Possibilities are:

- 1) Wrong dates: Unlikely as first trimester scan has been done and corrected EDD has been assigned.
- 3) skeletal dysplasia: Cannot be ruled out/ Possible.  
Couple understand that there are > 450 types of skeletal dysplasia and all of them can not be detected by prenatal ultrasound examination.
- 4) Underlying chromosomal or genetic abnormalities.  
Couple understands the current limitations of ultrasound in genetic diagnosis.
- 5) Early onset IUGR: Possible.

Options discussed:

- 1) Do nothing, continue surveillance
- 2) Invasive testing : amniocentesis for karyotyping.
- 3) Termination of pregnancy :

In view of advanced gestational age, invasive procedure for genetic testing may not be feasible.

Suggested follow up after 2-3 weeks for assessment of growth of long bones.

  
**DR V G KADAM**  
**MD**

**DR.NILESH KALWAGHE**  
**DMRE**

  
**DR AMOL MUSALE**  
**MD**

(I DR VIJAY KADAM / DR NILESH KALWAGHE / DR AMOL MUSALE ) I declare that while conducting USG I have neither detected nor disclosed the sex of her foetus to anybody in any manner. All measurements are subject to statistical variations. Not all anomalies can be detected on sonography.)

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