



Patient Name: MRS POOJA KUSHWAHA	Date: 11/10/2023
Patient Id: 10650	Age/Sex: 30 Years / FEMALE
Ref Phy: DR. ARUN KUMAR DORA MS	

Investigation:- ANOMALY SCAN

Dating	LMP	GA		EDD
		Weeks	Days	
By LMP	LMP: 28/05/2023	19	3	03/03/2024
By USG		18	3	10/03/2024

AGREED DATING IS (BASED ON Biometry)

Fetal brain & skull:

Normal size of fetal head & normal son density of fetal skull bones, Normally seen fetal cerebral Ventricles, choroid plexuses ,Cerebelli , vermis & cisterna magna appear normal.

Atria of lateral cerebral ventricle measures 4.9 mm

Normal cranio vertebral junction observed.

Fetal face:

Revealing normal orbits ,lenses & outer orbital & inter orbital distance is 31.7 mm &11.7 mm.respectively.

Jaws are seen normally .Premaxillary triangle seen normally.

Lips and nasal folds are normal.

Fetal Neck :

Nuchal fold is 3.6 mm in thickness .

No neck mass observed.

Fetal spine:

Seen normally though out its length.

No evidence of any myeloschisis/ bifidus defect

Fetal thorax:

Proportionate fetal thoracic cage with normally seen lung parenchyma .

Fetal heart shows normal cardiac chambers with normal configuration .

Cardiac outflow tracts are normally seen.

Regular fetal heart rate & its rhythm observed .

Diaphragms are seen normally with no evident congenital herniaion into the thorax .

Fetal abdomen:

Revealing normal situ s

Fetal kidneys ,urinary bladder ,stomach seen normally

Fetal bowel loops are seen normally.

Normal cord insertion at the umbilicus with no evidence for abdominal wall defect.

Cord configuration of vessels observed to be two arteries& one vein.

Limbs:

Fetal limbs both upper & lower are seen with normal proportionate long bone

Fetal feet & hands are showing normal digits. No CTEV seen .

Normal fetal limb movements with normal tone observed



OBSTETRIC USG STUDY

Fetus : Single	Lie: Longitudinal
FM : Adequate	FCA : 169b/mt regular
Liquor : Adequate	Presentation : Cephalic
PLACENTA : Posterior Gr 1 (Away from the internal os)	
CERVIX IS : 49.9 mm in length with closed os & canal.	

Fetal Growth Parameters:-	mm	Weeks	Days	Percentile
Biparietal Diameter	41.4	18	4	16% +•+ + +
Head Circumference	154.7	18	3	7% •+ + +
Transverse Cerebellar Distance	19.3	19	6	41% +•+ + +
Nasal Bone Length	6.1			56.7% + + + +
Abdominal Circumference	128.7	18	3	16% +•+ + +
Humerus Length	26.3	18	2	20% +•+ + +
Radial Length	21.8	18	2	39% +•+ + +
Ulnar Length	22.9	18	1	7% •+ + +
Femoral Length	27.1	18	2	9% •+ + +
Tibial Length	24	18	4	27% +•+ + +
Fibula Length	22.2	17	5	24.5% +•+ + +
Foot Length	28.4	19	1	
[FL/FT Ratio	0.95]		
Inner Orbital Distance	11.7	18	3	54% + + + +
Outer Orbital Distance	31.7	20	3	65.2% + + + +
Fetal Weight	236 Grams + 35 Grams.			5.6% •+ + +
Heart Rate	169 Beats Per Minute.			
FL/AC = 0.21				HC/AC = 1.2
FL/BPD = 0.65				BPD/OFD = 0.5

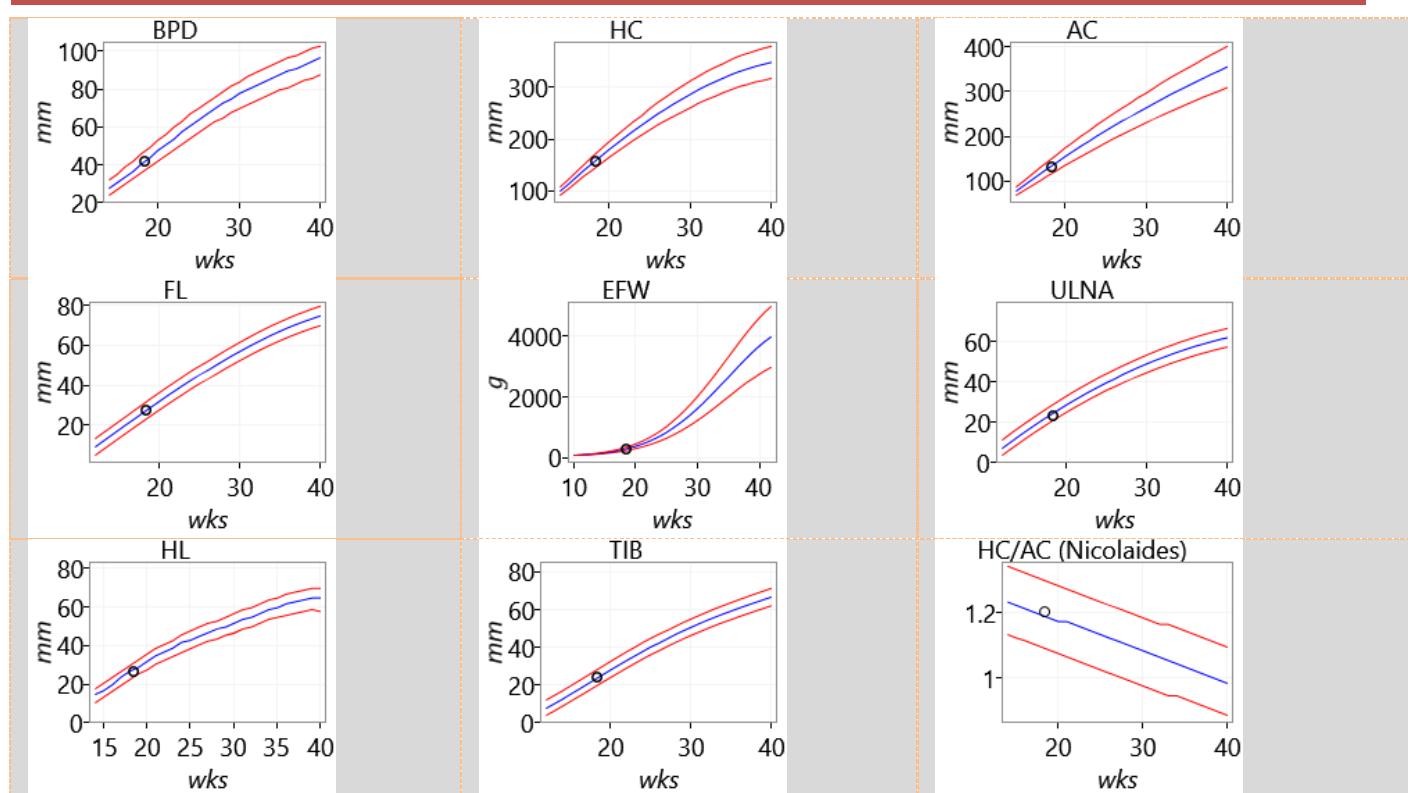
Uterine Artery Parameters:- Vessels	S/D	RI	PI	PI Percentile	Remarks
Right Uterine Artery	2.5	0.6	1.02	24.5% +•+ + +	No early Diastolic notch seen
Left Uterine Artery	4.7	0.79	1.8	96.3% + + + + •	No early Diastolic notch seen
Mean Uterine Artery			1.41	74.9% + + + +	
Ductus venosus	1.9	0.46	0.82		PSV=33.6 Normal waveform Pattern



Impression: Single live intrauterine gestation corresponding to 18 wks 3 days of estimated gestational age.

- No obvious structural abnormality at the time of examination .
- No obvious soft marker of any chromosomal abnormality at the time of examination.

ADV :Dedicated fetal echo for detailed cardiac evaluation (H/O of coarctation of aorta in late trimester in G1 pregnancy)



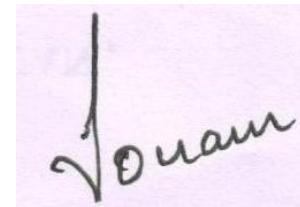
Please note that all anomalies can not be detected all the times due to various technical and circumstantial reasons like gestation period, fetal position, quantity of liquor etc. The present study can not completely confirm presence or absence of any or all the congenital anomalies in the fetus which may be detected on post natal period. Growth parameters mentioned herein are based on International Data and may vary from Indian standards. Date of delivery (at 40 weeks) is calculated as per the present sonographic growth of fetus and may not correspond with period of gestation by L.M.P. or by actual date of delivery. As with any other diagnostic modality, the present study should be correlated with clinical features for proper management. Except in cases of Fetal Demise or Missed Abortion, sonography at 20-22 weeks should always be advised for better fetal evaluation and also for base line study for future reference.

Declaration of Doctor/Person conducting ultrasonography/image scanning

I, **DR SONAM VERMA** declare that while conducting sonography on **MRS POOJA KUSHWAHA**, I have neither detected nor disclosed the sex of the fetus to anybody in any manner.



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