OB&Gyn Report

Omega Hospital

Patient / Exam Information — Date of Exam: 25.10.2023

Patient ID	VM4222	LMP	09.06.2023	Gravida	
Name	PRACHI MESHRAM	DOC		Para	
DOB Age	27.06.1990,33	EDD	15.03.2024	AB	
Sex	Female	GA	19w5d	Ectopic	
		GA(CUA)	20w0d	Fetus	1
		EDD(CUA)	13.03.2024		
		Expected Ovul.			
		Day of Cycle			

Perf. Phys.	Ref. Phys.	Sonographer	DR VAISHALI MUNDHE
Comment	Indication		

EFW (Hadlock)	Value	Range	Age	Range	GP (Williams)
AC/BPD/FL/HC	340g	± 50g	20w1d		N/A

OB Measurements	Value	m1	m2	m3	Meth.	GP	GA
BPD (Hadlock)	4.69 cm	4.70	4.69	4.67	avg.	69.7%	20w1d
OFD (HC)	6.29 cm	6.27	6.25	6.34	avg.		
HC (Hadlock)	17.37 cm	17.29	17.28	17.53	avg.	51.9%	19w6d
HC* (Hadlock)	17.34 cm	17.34	17.27	17.42		50.7%	19w6d
AC (Hadlock)	14.95 cm	14.95			avg.	61.4%	20w1d
FL (Hadlock)	3.30 cm	3.30			avg.	64.7%	20w2d
HL (Jeanty)	3.14 cm	3.15	3.12		avg.	79.1%	20w3d
Cereb (Nicolaides)	2.08 cm	2.08			avg.	71.8%	19w6d
CM (Nicolaides)	5.91 mm	5.91			avg.	79.7%	
Vp	5.78 mm	6.00	5.56	5.78	avg.		
NF	4.80 mm	4.80			avg.		
NBL (Sonek)	5.65 mm	5.54	5.76		avg.	14.3%	

Measurements OB	Value	m1	m2	m3	m4	m5	m6	Meth
Uterus								
Cervix Length	3.85 cm	4.06	3.65					avg

Calculations		Range
CI (BPD/OFD)	75%	(70 - 86%)
FL/AC	22%	(20 - 24%)
FL/BPD	70%	(GA: OOR)
FL/HC (Hadlock)	0.19	(0.17 - 0.19)

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Ductus Venosus	0.59	Normal
Right Uterine Artery	1.19	**Mean PI 1.58**
Left Uterine Artery	1.98	**93 rd centile Increased**

Impression:

- **No obvious fetal defects**
- **Increased uterine artery Doppler**
- **Normal cervical length**

Comments:

Fetal growth and amniotic fluid are normal. There are no obvious structural defects or significant markers for chromosomal abnormalities. Fetal cardiac study showed a normally connected heart with no obvious defects and normal flow patterns.

As mother has not had any first trimester serum screening for aneuploidies, I suggest second trimester screening for aneuploidies with Quadruple marker test.

The cervical length (36 mm on TAS)is normal.

The uterine artery PI is raised .The performance of the Uterine artery Doppler as a screening test for maternal preclampsia and fetal growth restriction is better at 23 - 24 weeks. Hence, I suggest reassessment at this stage and then arrange follow up for the pregnancy.

I suggest Aspirin 150 mgs one daily after food at bedtime till 34 weeks to the mother.

The placenta is on the anterior wall of the uterus, the lower edge of the placenta is well away from the internal os

Recommendation-

Fetal growth scans from 28 wks onwards

Please note:

1) All anomalies can not be ruled out on ultrasound due to mechanical limitations, maternal factors like amount of liquor, obesity, previous scar, advanced gestational age etc. Fetal conditions like multiple pregnancies, fetal positions, late appearance of few anomalies etc.

2) Some organs are not routinely examined during anomaly scan as per standard guidelines.