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• 2D / 3D / 4D SONOGRAPHY • DIGITAL X-RAY
• WHOLE BODY COLOUR DOPPLER • 2D ECHO

Date : 26 Nov 2023

Patient Name : Mrs. Rupali Shingade
Referred By : Dr. Thorave Rohidas (MBBS DGO)
Age : 28 Yrs. Sex : F
Examination : **USG Obstetric.**

L.M.P. 10-08-23.

E.D.D. (by dates) 16-05-24.

Single live intrauterine pregnancy.

Variable lie & presentation.

Foetal cardiac activity & movements are normal. FHR: 159 bpm.

Placenta is located along posterior wall. Shows Grade I maturity.

No previa.

Amount of Amniotic fluid is adequate.

Internal os is closed.

Cervical length is adequate (3.2 cm).

Ductus venosus show normal flow.

GROWTH PARAMETERS: (In cm).

| | | |
|--------|------|-----------------|
| B.P.D. | 3.33 | 16 Weeks 2 Days |
| H.C. | 11.9 | 15 Weeks 6 Days |
| A.C. | 10.3 | 16 Weeks 2 Days |
| F.L. | 2.13 | 16 Weeks 3 Days |

AVERAGE: 16 Weeks 2 Days +/- 1 Week.

E.F.W. 149 gms.

E.D.D. 10/05/24.

Head & Neck.

Lateral ventricles are seen. Cerebellum is seen.

Cisterna magna is seen. No obvious intra-cranial lesion.

No obvious solid or cystic lesion seen around neck.

Nuchal fold thickness is normal. Nasal bone is seen.

Spine.

Entire spine is visualized in longitudinal & transverse plane.

Vertebrae & spinal canal imaged. No spina bifida or protrusion.

Face.

Orbits, nose & mouth are imaged. No e/o cleft lip.

Thorax.

Normal cardiac situs. Four chamber view is imaged.
Ventricular outflow tracts are imaged.
IVS is seen (small VSD may not be detected).
Both lungs are seen. No pleural or pericardial effusion seen.
No obvious SOL is seen in thorax.
For detailed cardiac evaluation foetal echo / doppler is suggested.

Abdomen.

Stomach & bowel loops are seen. No ascites.
No diaphragmatic hernia. Abdominal wall is intact.

KUB.

Both kidneys & bladder are seen.

Limbs.

All foetal long bones are imaged in present foetal position.
No obvious CTEV.
Hands, digits & toes may not be visualized due to positional difficulties.

IMPRESSION:

- * Single live intrauterine pregnancy of AGA 16 weeks & 2 days.
- * No obvious congenital anomaly seen at present foetal position & current gestational age.

Sugg: -

Repeat anomaly scan at 20 to 22 wks.

Sex of the foetus is neither detected nor disclosed to anybody in any manner.

Foetal survey is limited by foetal position, movements, quantity of amniotic fluid & thickness of maternal anterior abdominal wall.

Some anomalies are evident at later stages of pregnancy; for which follow up is suggested.

Hence all congenital anomalies / malformations are not detected by an ultrasound examination.

*Foetal echocardiography is not included in this study.
TAPVC screening is not a part of this examination.*


Dr. Abhijeet G. Thombare
Radiologist & Sonologist.

Many thanks for reference.