



Anomaly Scan

Bhagyashree Chavan

Date of birth: 15 June 2001

Referring doctor: Dr. Kokare

Examination date:

30 November 2023

Patient id:

927

Maternal Blood Group: B; Rhesus: positive; Maternal weight: 54.0 kg; Height: 157.5 cm; BMI: 21.8;

EDD 14 April 2024 - Cycle: irregular

Conception: spontaneous

	Gestational age	EDD
LMP	20 weeks + 4 day(s)	14 April 2024
US	20 weeks + 4 day(s)	14 April 2024

Obstetric History: Gravida: 3. Para: 1. Living children: $\geq 37W$ - 1; G2- male, 1yrs, FTLSCS, BW- 2.45kg, doing well; SA / IUD: < 5W - 1; Spontaneous;

Family history: Consanguinity: no;

Indication

Routine, Anomaly scan

ISS FINDINGS Number of fetuses: 1
transabdominal scan, View: good.

Fetal heart activity visualised

Presentation breech

Amniotic fluid normal

FHR 146 bpm

Placenta anterior high

EFW 370 g

Fetal movements normal

Placenta grade Grannum 0

Cord 3 vessels

Examination Date 30 November 2023

BPD 46.5

HC 170.1

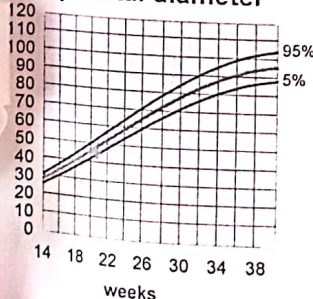
FL 34.0

AC 158.2

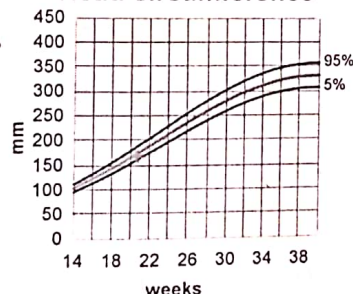
CRL

Gestation 20 w + 4 d

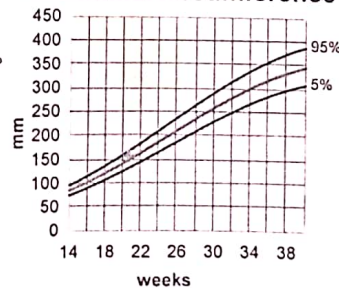
Biparietal diameter



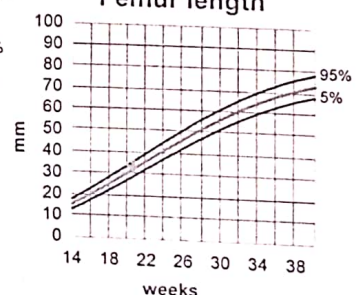
Head circumference



Abdominal circumference



Femur length



Transcerebellar Diameter (TCD): 20.8 mm

Nuchal Fold: 4.2 mm

Renal Pelvis Right: 3.3 mm

Cisterna Magna (CM): 3.8 mm

Prenasal Thickness: 3.0 mm

Renal Pelvis Left: 2.3 mm

Ventricular Atrium: 6.9 mm

Nasal Bone: 6.1 mm

Humerus: 32.1 mm

FETAL ANATOMY

HEAD:

SPINE:

Normal
NormalBRAIN:
FACE:Normal
NormalNECK:
THORAX:Normal
Normal

HEART:
URINARY TRACT:

Normal ABDOMINAL WALL: Normal GIT: Normal
Normal EXTREMITIES: Normal

UTERINE ARTERY DOPPLER: Mean PI 1.550, no notch

CERVICAL ASSESSMENT

Cervix length 30.0 mm

Funnelling no

Cervical Comment: normal cervical length

Doppler ultrasound

Uterine artery

PI left 1.670

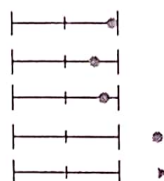
PI right 1.430

Mean PI 1.550

RI left 0.76

RI right 0.89

Notch no notch



Cervical assessment

Cervix length 30.0 mm

Funnelling no

Comment normal cervical length

Conclusions

Diagnosis Echogenic Intracardiac Focus (EIF)

No obvious fetal defects

Increased uterine artery PI

Conclusion routine scan adequate assessment

Recommendations In view of increased uterine artery Doppler and late redating, rescan after 4 w assess fetal growth and well being (25th December to 5th January)

Comments

As the mother unsure of her LMP, the pregnancy has been redated from the biometry of today's scan and the EDD is 14/04

There is single echogenic intracardiac focus (EIF) in the left ventricle.

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

I have explained to the couple that EIF is seen in 1 in 20 normal babies (5%). It is not clinically significant and does not cause functional abnormality in the heart. It is soft marker for chromosomal abnormality, Down syndrome in particular. The definitive ascertain the fetal chromosomes at this stage is by invasive testing (Amniocentesis) which carries a procedure related risk of miscarriage of about 1 in 300.

I have offered the couple Quadruple screening test.

The placenta is on the anterior wall of the uterus, the lower edge of the placenta is well away from the internal os. The cervix is 30 mm with no evidence of funneling.

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

There is no further follow up antenatal/postnatal that is recommended in EIF.

Dr. Sonal Phadtare

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**BARAMATI
FETAL MEDICINE
CENTRE**



Please note for all your future visits to ANY SCAN CENTRE, it is mandatory by the GOI to produce prior to the scan

1. Photocopy(xerox) of Government approved photo ID card of the prospective mother (Aadhaar card, passport, voter ID, driving license etc)
2. Referral letter from your Doctor with indication for the scan and her/ his SEAL and SIGNATURE

Also, please keep extra time to fill the detailed GOI-mandated "F Form" before the scan which needs to be submitted online prior to the scan.

Please note:

1. All anomalies cannot be ruled out on ultrasound due to technical limitations, maternal factors like amount of liquor, maternal habitus, previous scar, advanced gestational age etc. and fetal conditions like multiple pregnancies, fetal positions, late appearance of few anomalies etc.
2. Absence of anomaly on ultrasound scan does not absolutely rule out the possibility of having one.
3. For detail evaluation of fetal heart, advanced fetal echocardiography is required.

I, Dr. Sonal Phadtare (M.S OBGY; Fetal Medicine Consultant) declare that while conducting ultrasonography/ image scanning on Mrs. Bhagyashree Chavan , I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Recommendations In view of increased uterine artery Doppler and late redating, rescan after 4 weeks to assess fetal growth and well being (25th December to 5th January)

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