

## 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: >= 37W - 1; G2- male, 1yrs, FTLSCS, BW- 2.45kg, doing well; SA / IUD: < 5W - 1; Spontaneous;

Family history: Consanguinity: no;

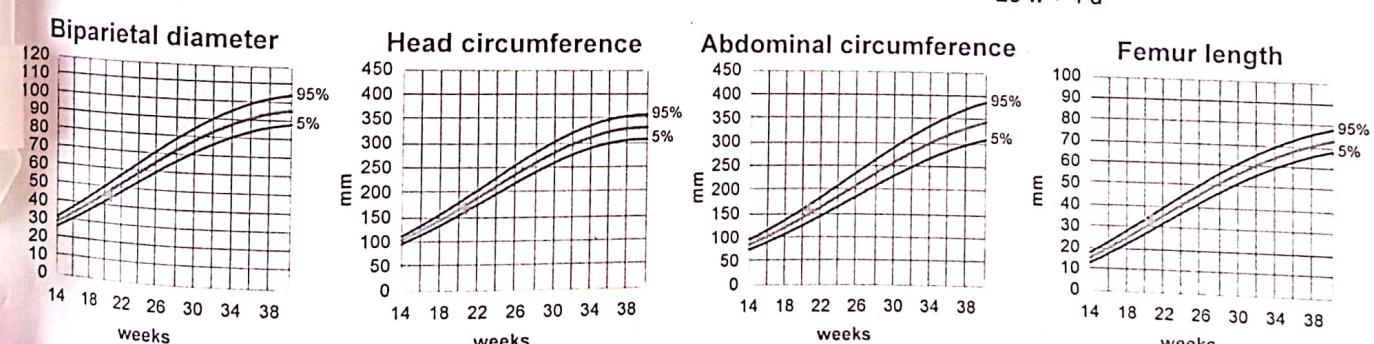
## Indication

Routine, Anomaly scan

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

Fetal heart activity	visualised	FHR	146 bpm	Fetal movements	normal
Presentation	breech	Placenta	anterior high	Placenta grade	Grannum 0
Amniotic fluid	normal	EFW	370 g	Cord	3 vessels

Examination Date	BPD	HC	FL	AC	CRL	Gestation
30 November 2023	46.5	170.1	34.0	158.2		20 w + 4 d



Transcerebellar Diameter (TCD): 20.8 mm Cisterna Magna (CM): 3.8 mm Ventricular Atrium: 6.9 mm  
 Nuchal Fold: 4.2 mm Prenatal Thickness: 3.0 mm Nasal Bone: 6.1 mm  
 Renal Pelvis Right: 3.3 mm Renal Pelvis Left: 2.3 mm Humerus: 32.1 mm

## FETAL ANATOMY

HEAD:	Normal	BRAIN:	Normal	NECK:	Normal
SPINE:	Normal	FACE:	Normal	THORAX:	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

Funneling no

Cervical Comment: normal cervical length

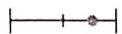
Doppler ultrasound

#### 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

Funneling 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 way to 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 test 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

Fetal Medicine Consultant

PCPNDT Reg. No. PH/CSP/SDH-Baramali/746/2021

MBBS., MS (OBGY).

Fellowship in Fetal Medicine

Reg. No.: 2013/05/1597

Mo.: 094209 04242 / Ph.: (02112) 295635

## 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 "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)

DR SONAL PHADTARE

MMC 2013/05/1597

Consultant in Fetal Medicine

Dr. SONAL PHADTARE  
M.B.B.S., M.S. OBGY  
Fellowship in Fetal Medicine  
Reg. No. 2013/05/1597