



SUNSHINE
ADVANCED IMAGING CENTRE

a little sunshine for a healthy life

DR. UTKARSH MODAK

MBBS - NKPSIMS

DMRD - Govt Medical College, Nagpur

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■ Ultrasonography ■ Advanced 3D /4D Sonography ■ Colour Doppler ■ 2D ECHO ■ Digital X Ray

Patients Name : Mrs. Vidya Kalambe
Age : 26 Years / F
Referred by : Dr. Priti Prasad
Date : 05/ December /2023
Examination : USG - Obstetric Anomaly Scan

OBSERVATION:

- #> LMP : 21/07/2023 (19 weeks, 4 days).
- #> Single live intra-uterine fetus with , changing lie , presently cephalic presentation.
- #> Fetal body movements & cardiac activity appears normal. FHR - 138 BPM.

FOETAL BIOMETRY:-

	mm	Weeks	Days
BPD	42	18	5
HC	156	18	4
AC	130	18	4
FL	28	18	5
AGA		18	5

	mm
TCD	18.3
Lateral ventricle	5.9
Cisterna magna	3.8
Nuchal skin fold thickness	2.0
Inter-ocular distance	11.3
Bi-ocular dist	33.3

- #> GA by USG -18 weeks 5 days
- #> Fetal weight - 251 gms $\pm$ 37 gms.
- #> EDD is assigned as per LMP - 26/04/2024
- #> Placenta is posterior , grade I maturity. Cord is normal and three vesseled.
- #> Liquor is adequate for the period of gestational age.
- #> Cervix appears normal in length, measuring 3.5 cm. Internal os closed.
- #> Anatomical survey:

FETAL BRAIN:

Fetal cranial vault appears normal in size, shape & shows normal Echogenicity.
B/L thalami appear normal. Ventricular system appears normal. CSP appears normal.
A small simple cyst of size 4 x 3 mm seen in right choroid plexus. No evidence of any mass effect or hydrocephalous noted. Left Choroid Plexus appears normal.
Post-Fossa structure appears normal. Cisterna magna appears normal.
Visualized brain parenchyma appears normal in echoes.

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Reg. No. - MMC 2014/03/0476

Disclaimer: Patients identity based on his declaration. Report not valid for medico-legal purpose. Different diseases may produce similar appearance hence to be correlated clinically. Radiological measurements may have variations due to technical reasons. The reported findings and impression are for information and for interpretation of the referring doctor only. Should the results indicate an unexpected abnormality, the same should be reconfirmed. Neither Sunshine Advanced Imaging Centre nor its employees / representatives assume any liability, responsibility for any loss or damage that may be incurred by any person as a result of presuming the meanings or contents of the report. All fetal congenital may not be visualized on ultrasound. This report is subject to the jurisdiction of the courts at Nagpur only.

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FETAL FACE:

Nasal bone appears normal. Bony orbits appear normal.
Nose & lip appears normal.

FETAL HEART:

Heart appears normal in situs.
Four chamber view appears normal.
Echogenic intracardiac focus seen in left ventricle of heart.
Inter-ventricular septum appears intact on grey scale.
LVOT & RVOT appears normal, crossing over visualized.
3VV is normal. No e/o pericardial effusion noted.

FETAL CHEST:

Both lungs appear normal in echoes. No gross lesion seen.
No e/o plural effusion. Both diaphragms appear intact.

FETAL ABDOMEN:

Stomach bubble appears normal. No obvious bowel loop dilatation seen.
Both kidneys appear normal.
Fetal urinary bladder appears normally distended.
No solid / cystic lesion seen in fetal abdomen.

FETAL SPINE:

Neck & CV junction appears normal.
Spine can be visualized in all the three planes in visualized portion & appears normal.

FETAL LIMBS:

Long bones of all four limbs appear normal in length, shape & density.
Both hand & foot are visualized & appears normal.

UTERINE ARTERY DOPPLER :

	Right Uterine Artery	Left Uterine Artery	Mean
P.I. Values	1.0	1.4	1.2-61 st Percentile-(Normal)

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IMPRESSION:

A single live intrauterine fetus of sonic gestational age of 18 weeks 5 days with changing lie , presently , cephalic presentation, posterior placenta and adequate liquor.
Echogenic intracardiac focus in left ventricle of heart.
Small cyst in right choroid plexus.
Fetus is growing appropriate for gestation.
Effective fetal weight - 251 gms.

Suggested Quadruple marker correlation , fetal echo at 22 weeks and follow up scan.

I declare that while undergoing ultrasonography/image scanning on this patient, I neither detected nor disclosed the sex of fetus to anybody in any manner.

Disclaimer- This investigation has been done as per request of the referring doctor.

Science of ultrasound, Ultrasonography machine and probe all have their own limitations. Even the most sophisticated USG machine can make error in interpreting echoes and has limitations in diagnosing lesions.

Diagnosis of ultrasonography is based on various echoes and shadows produced by both normal and abnormal tissues. Variety of disease process may produce similar echopattern or shadows. Disparity in final diagnosis can occur due to technical pitfalls like False positive and False Negative results. Hence, only the report should not be taken as final diagnosis but should be correlated clinically with/or other investigations. In case of disparity between report and clinical evaluation, second opinion is always advisable before commencing final treatment.

It must be noted that detailed fetal anatomy may not always be visible due to technical difficulties related to fetal position, amniotic fluid volume, fetal movements and maternal abdominal wall thickness. Not all fetal anomalies can be detected at every examination. Ear and digits examination is not a routine part of this exam. All measurements are subject to statistical variations.

Only basic evaluation of heart is done in this study. Few cardiac anomalies are evolving and may not be present in earlier examination and may be seen in late pregnancy/follow up scans/in neonatal period; ex. Coarctation of aorta, Hypoplastic left and right heart syndrome, Ebsteins anomaly, Atrial septal defect, Ventricular septal defect, Partial anomalous pulmonary venous connections etc. This scan does not include fetal ECHO. Fetal echo is a dedicated study to be done separately around 24 weeks when visualization of heart is better.

If no abnormalities are found on scan, this is not a guarantee of a healthy child.

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