

07/12/23

① Mrs. SHAFALI

Age - 29 y/f

Quadruple Mawkey + NIPT

DOB — 6/12/1993

LMP — 14/07/2023

Height — 5'3"

Weight — 68.0 kg.

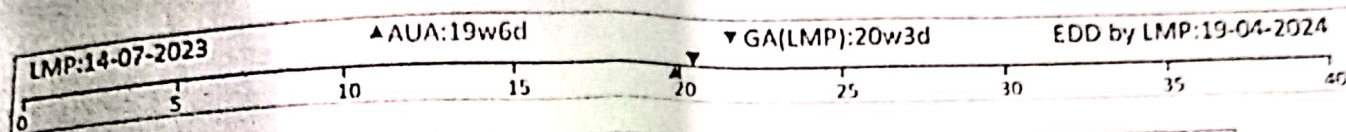
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Patient Name: SHAIFALI
 Ref Phy: DR. MANASI GULATI

Date: 04/12/2023
 Age/Sex: 29 Years / FEMALE

ANOMALY SCAN

Height : 160 cm			MAP
Weight : 65 Kg	Systolic	105	80.33
	Diastolic	68	mmHG



Dating	LMP	GA		EDD
		Weeks	Days	
By LMP	LMP: 14/07/2023	20	3	19/04/2024
By USG	18/07/2023	19	6	23/04/2024

AGREED DATING IS (BASED ON LMP)

There is a single intrauterine fetus within it in breech position with spine posterior.
 The fetal cardiac activities and body movements are well seen.
 Placenta is posterior in position away from os and grade 0 in maturity.
 AMNIOTIC FLUID : Adequate Maximum Pocket Size = 5.7 cm
 Internal os is closed and length of cervix is normal. 3.1 cm.

The fetal growth parameters are as follow :

	mm	Weeks	Days	Percentile
Biparietal Diameter :	47.3	20	2	44.2%
Head Circumference :	171.8	19	5	15%
Abdominal Circumference	150.3	20	2	38.3%
Femoral Length	31.3	19	5	19%
Humerus Length	31.8	20	5	40.5%
Nasal Bone Length	5.6			
Foot Length	32.6	20	1	41.3%
Inner Orbital Distance	12.2	19	3	46.4%
Outer Orbital Distance	31.2	19	0	26.4%
Transverse Cerebellar Distance	19.2	19	2	18.7%
FL/AC = 20.83				HC/AC = 1.14
FL/BPD = 66.16				BPD/OFD = 77.23
Fetal Weight :	326 Grams +/- 49 Grams.			23.3%
Heart Rate :	148 Beats Per Minute.			

Vessels	SD	RI	PI	Remarks
Right Uterine Artery	1.72	0.42	0.58	WNL
Left Uterine Artery	1.93	0.48	0.68	WNL

2 nd Trimester Aneuploidy Markers		
Sr No	Marker	Result
1	Intracardiac Echogenic Focus	Absent
2	Ventriculomegaly	Absent
3	Increased Nuchal Fold	Absent
4	Echogenic Bowel	Absent
5	Mild Hydronephrosis	Present
6	Short Humerus	Absent
7	Short Femur	Absent
8	Aberrant Right Subclavian Artery	Absent
9	Absent or Hypoplastic Nasal Bone	Normal size
	Apriori Risk (From Maternal Age):	1 in 695
	LR Ratio:	1.08
	Trisomy21 Risk:	1 in 644

HEAD

Midline falx seen.
 Both lateral ventricles appear normal.
 The cerebellum and cisterna magna 5.1 mm are normal.
 No intracranial calcification is identified.

SPINE

Entire spine visualized in longitudinal and transverse axis.
 Vertebrae and spinal canal appear normal.
 No evidence of neural tube defect is noted.

NECK

No cystic lesion seen around the neck.
 The Nuchal fold thickness measures 2.1 mm.

FACE

Fetal face seen in the coronal and profile view.
 Both Orbits, nose and mouth appeared normal.

THORAX

Heart appears in the mid position.
 Normal cardiac situs.
 No evidence of pleural or pericardial effusion.
 No evidence of SOL in the thorax.

Jhumna Pahuja
B.S., D.M.R.D
Consulting Radiologist
9.00 A.M. to 4.00 P.M. Sundays by Appointment Only
G.E. Road, Near Hotel Lotus, Supela Bhitai ph (0788) 4032439

*Seva
Diagnostics*

Detailed Fetal Echocardiograph suggested.

ABDOMEN

Abdominal situs appeared normal.

Stomach bubble seen.

Normal bowel pattern appropriate for the gestation seen.

No evidence of ascites.

Abdominal wall intact.

Both kidneys show mild renal pelvis dilatation 4.9-5.0 mm at the time of examination

LIMBS

All fetal long bones visualized and appear normal for the period of gestation.

Both hands and feet appeared grossly normal.

Conclusion:

- SINGLE LIVE INTRAUTERINE FOETUS OF 19 WEEKS 6 DAYS IS PRESENT.
- MILD FETAL RENAL PELVIS DILATATION (SOFT MARKER FOR ANEUPLOIDY)
- MEAN PI OF UTERINE ARTERIES IS NORMAL
- DETAILED FETAL ECHO /BIOCHEMICAL MARKERS SOS

Please note that all anomalies cannot be detected all the times due to various technical and circumstantial reasons like gestation period, fetal position, quantity of liquor etc. The present study can not completely confirm presence or absence of any or all the congenital anomalies in the fetus which may be detected on post natal period. Growth parameters mentioned herein are based on International Data and may vary from Indian standards. Date of delivery (at 40 weeks) is calculated as per the present sonographic growth of fetus and may not correspond with period of gestation by L.M.P. or by actual date of delivery. As with any other diagnostic modality, the present study should be correlated with clinical features for proper management. Except in cases of Fetal Demise or Missed Abortion, sonography at 20-22 weeks should always be advised for better fetal evaluation and also for base line study for future reference.

I, DR JHUMNA PAHUJA declare that while conducting sonography on SHAIFALI (name of pregnant woman), I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

Jhumna Pahuja
DR JHUMNA PAHUJA
Consulting Radiologist
Reg No:689/2007/CGMC

REQUEST FOR OBSTETRIC SONOGRAPHY ON DOCTOR'S LETTER HEAD IS MANDATORY (PCPNDT ACT).