

SHRIRAM

DIAGNOSTIC CENTER

SONOGRAPHY, DIGITAL X RAY & CT SCAN

Dr. Ankush N. Balki

MBBS, DMRE (Radiology)
Life member IRIA, SFM member
Reg. No. 2010/03/0772



ScholarMD
Specially trained
in fetal medicine

Patient name	Mrs. VIRESHRI SUMIT PAPADE	Age/Sex	26 Years / Female
Patient ID	47451120240116	Visit no	1
Referred by	Dr. Manisha S.Jumnake , M.D. Ayu	Visit date	16/01/2024
LMP date	21/08/2023, LMP EDD: 27/05/2024[21W 1D] C-EDD: 29/05/2024[20W 6D]		

OB - 2/3 Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Maternal

Cervix measured 3.51 cm in length.

Right Uterine	0.92	(32%)
Left Uterine	1.09	(53%)
Mean PI	1.005	(43%)

Fetus

Survey

Presentation : Cephalic at the time of examination
Placenta : Fundo posterior
Liquor : Adequate
Umbilical cord : Two arteries and one vein
Fetal activity : Fetal activity present
Cardiac activity : Cardiac activity present
Fetal heart rate - 140 bpm

Biometry(Hadlock,Mediscan)

BPD 54.2 mm 22W 3D (93%ile)	HC 189.22 mm 21W 1D (55%ile)	AC 162.57 mm 21W 2D (57%ile)	FL 33.79 mm 20W 4D (34%ile)	EFW BPD,HC,AC,FL 398 grams (54%ile)
5% 50% 95% *	5% 50% 95% *	5% 50% 95% *	5% 50% 95% *	5% 50% 95% *

Tibia 28.81 mm	Fibula 27.94 mm	Humerus 31.97 mm	Radius 24.87 mm	Ulna 29.69 mm
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TCD : 22.42 mm

Aneuploidy Markers

Nasal Bone : 2.2 mm - hypoplastic



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Fetal Anatomy

- Head** : Midline falx and CSP seen.
Both lateral ventricles appeared normal.
Posterior fossa appeared normal.
No identifiable intracranial lesion seen.
- Neck** : Fetal neck appeared normal.
- Spine** : Entire spine visualised in longitudinal and transverse axis.
Vertebrae and spinal canal appeared normal
- Face** : Fetal face seen in the coronal and profile views.
Both orbits, nose and mouth appeared normal
- Thorax** : Both lungs seen. No appreciable cystic changes in lung parenchyma.
No evidence of pleural or pericardial effusion.
No evidence of SOL in the thorax.
- Heart** : Heart appears in the mid position.
Normal cardiac situs. Four chamber view normal.
Outflow tracts appeared normal.
- Abdomen** : Abdominal situs appeared normal.
Stomach and bowel appeared normal.
Normal bowel pattern appropriate for the gestation seen.
No evidence of ascites.
Abdominal wall intact.
- KUB** : Right and Left kidneys appeared normal.
Bladder appeared normal
- Extremities** : All fetal long bones visualized and appear normal for the period of gestation.
Both feet appeared normal

Impression

Single live intrauterine gestation corresponding to a gestational age of 20 Weeks 6 Days, hypoplastic nasal bone.

(adv-amniocentesis)

Gestational age assigned as per biometry (CRL) on 10/10/2023 (previous scan)

Menstrual age 21 Weeks 1 Day

Placenta - Fundo posterior

Presentation - Cephalic at the time of examination

Liquor - Adequate

Estimated fetal weight according to BPD, HC, AC, FL :- 398 +/- 39.8 gms.

kindly correlate clinically & suggest follow up.

2nd trimester screening for Downs

Maternal age risk 1 in 1240

Fetus	2nd Trimester Downs Risk Estimate
A	1 in 4133

Dr. ANKUSH N. BALKI
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Reg. No. 2010/03/0772

Shriram Diagnostic Center, War

Dr. ANKUSH NARAYAN BALKI



Scanned with OKEN Scanner

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Disclaimer

I Dr. Ankush Narayan Balki declare that while conducting ultrasonography/ image scanning on Mrs. Vireshri Sumit Papade I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

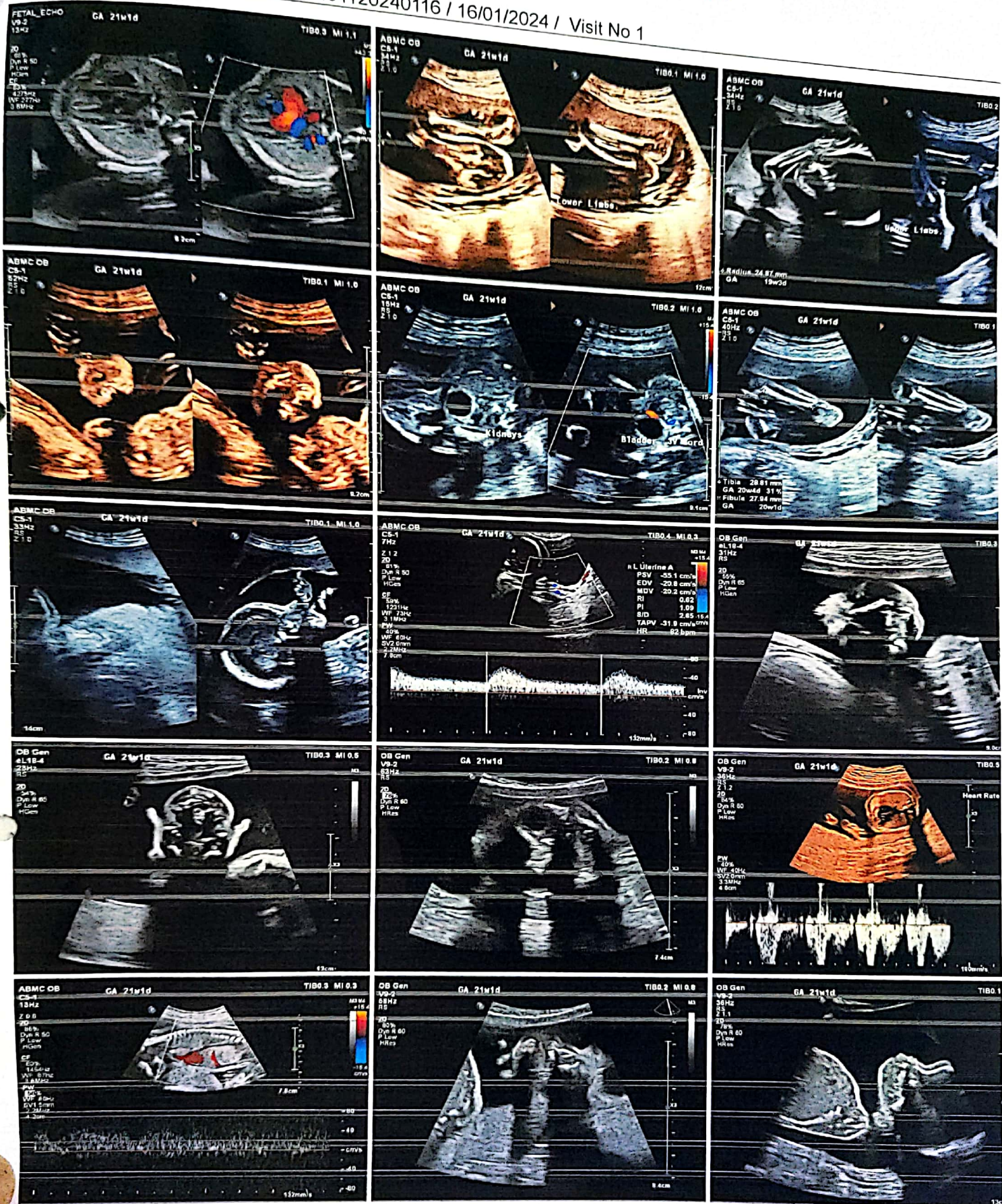
Thanks for Referral

- Evolving anomalies are seen at later stages of gestation and are not seen in earlier scans.
 - Anomalies of small parts like ears, fingers and toes can not be detected routinely because of unfavorable position to visualised it.
 - Normal looking fetal stomach bubble does not rule out esophageal atresia/Tracheo esophageal fistula.
 - Minor cardiac defects like small VSDs, mild stenotic lesions, coronary artery anomalies and anomalies that evolve towards later gestation like aortic arch anomalies and those of pulmonary venous drainage may not be always identifiable antenatally.
 - Anomalies resulting from one closure of physiological shunts like ASD and PDA will be evident only after birth.
 - Congenital skin disorders can not be detected prenatally.
 - Congenital metabolic disorders, enzyme deficiencies can not be detected on USG.
 - Abnormalities in the external genital organs can not be seen and documented for legal reasons.
 - Congenital dislocations of joints can be suspected only when extremities are seen in abnormal position while scanning.
- Expected baby weight given on USG can have 10-15 percent variation on either side.



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वय - 26

वजन - 40

उंची - 5.5

जन्म तारीख - 23-9-1997