

Patient Data

Name Neetu
Other names Sendhav
Date of birth 01/01/1992
Address G87/51 Secod Stop Second Stop
Town Bhopal
Mobile phone 7566135311
Racial origin South Asian (Indian, Pakistani, Bangladeshi)
Hospital no. bh432053
GP Dr Rai Jaya,

Partner

Name Krishan pal Sendhav

Present Pregnancy

Dates last period: 03/09/2023
Cycle regular - LMP sure
Conception spontaneous
EDD by dates 09/06/2024
EDD by scan 09/06/2024
Cigarettes no
Alcohol no
Problems in current no
pregnancy

Obstetric History

Living children >= 37W: 1, 01 Female 07 yrs FTVD
SA / IUD < 15W: 1, Missed miscarriage
Gravida 3 Para 1

Chronic Disease

Chronic hypertension no

Family History

Consanguinity no
on patient's side
Diabetes Mellitus no



Hypertension no

Date 19/01/2024

Time 10:29

Department Fetal Medicine Unit, Bansal Hospital
Routine, Anomaly Scan

Fetus Fetal anomaly
Brain choroid plexus cysts

Previous test

Maternal Serum Biochemistry

Maternal Serum
Chemistry

Free β -hCG 52.58 IU/l, Other, MoM 0.943

PAPP-A 7.670 IU/l, Other, MoM 1.932

Background risk Tr21 from 372, Adjusted risk Tr21 from lab 1 in 2,492
lab 1 in

ultrasound

Operator Dr Smita Dhengle DGO, DNB, MNAMS, FICOG, Fellowship in
Fetal Medicine FMF ID 147673

US system Voluson E10
transabdominal

View good

Gestational age 19 weeks + 5 days

metry / Anatomy

BPD 48.0 mm

OFD 63.1 mm

HC 174.5 mm

CM 6.1 mm

TCD 21.6 mm

Ventricular atrium 5.4 mm

TAD 47.6 mm

APAD 44.4 mm

AC 144.5 mm

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0755-4086000

आपातकालीन सेवा
70241-23618



H-2016-0448



NABL (MEL) T-00080

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Humerus 33.0 mm
FL 32.9 mm
BPD / OFD 0.76
HC/AC 1.21
BPD / FL 1.46



Estimated fetal weight Hadlock (BPD-HC-AC-FL)
328 g
11 oz

Fetal heart activity visualised

Fetal movements normal

Fetal heart rate 149 bpm



Presentation cephalic

Placenta site lateral left, Placenta grade Grannum 0

Amniotic fluid normal

Amniotic Fluid Index

Deepest pool 5.1 cm

Cord 3 vessels

normal skull shape

hemispheres, ventricles mid-brain and posterior fossa appear normal

Vp left 5.9 mm

Choroid Plexus cyst left 4.0 x 3.2

no facial cleft and the eyes, nose and mandible appear normal

Left ear 14.9 mm

Right ear 15.6 mm

Nasal bone 4.6 mm



Prenasal thickness 3.7 mm



Comments Eyes, Lips, Palate seen

no spina bifida or kyphoscoliosis

no skin oedema or cystic hygroma

Nuchal fold thickness 4.4 mm

thorax and lungs appear normal

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normal 4-chamber view
normal outflow tracts
normal 3-vessel view
normal 3-vessel trachea view
normal situs/laterality
no abdominal wall defect
stomach and GIT appear normal

Comments GB seen

kidneys and bladder appear normal

L.Pelvis A-P 2.0 mm

R.Pelvis A-P 2.0 mm

Comments Bladder, Kidney blood supply seen

hands, feet, arms, legs and joints appear normal

Comments Hand, LEgs seen

not examined

Uterine artery

PI left 0.940



PI right 1.060



Mean PI 1.000



RI left 0.58

RI right 0.62

Notch no notch

Physical assessment

Cervix length 40.0 mm

Funnelling no

Comment Normal Cervical Length

Conclusions

Diagnosis Choroid Plexus Cyst

No Obvious defect

Normal uterine artery Doppler and cervical length

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Conclusion routine scan adequate assessment

There is unilateral Choroid Plexus Cyst.

Fetal growth and amniotic fluid are normal (DVP 5:1). There are no obvious structural defects or other markers for chromosomal abnormalities. Fetal cardiac scan showed a normally connected heart with no obvious defects and normal flow patterns.

Choroid plexus cyst are markers for Edward's Syndrome (Trisomy 18) and occasionally Trisomy 21. Edward's Syndrome is associated with multiple fetal defects and growth restriction. In the absence of any fetal defects and normal growth, the risk of Edward's Syndrome is low. The definitive test for a chromosomal abnormality is by invasive testing like amniocentesis, which carries a procedure related risk of miscarriage of 1 in 300.

Quadruple screening test

Uterine artery Doppler and cervical length are normal (TAS-40 mm)

Placenta is on the anterior wall of the uterus, the lower edge of the placenta is well away from the internal os.

Postnatal follow up is not recommended for choroid plexus cyst.

Disclaimer: All fetal abnormalities cannot be detected by ultrasound.

Disclaimer: For all your future visits to any scan centre, it is mandatory by the GOI to produce prior to scan-photocopy(xerox) of Government approved photo ID card of the prospective mother (Aadhar card, voter ID card, passport, driving licence etc).

Requirement: Referral letter from your Doctor with indication for the scan and her / his SEAL and SIGNATURE.

Requirement: Please keep extra time to fill the detailed GOI-mandated "F Form" before the scan.

Disclaimer: It must be noted that detailed fetal anatomy may not be visible due to technical difficulties related to fetal position, amniotic fluid volume fetal movements, maternal abdominal wall thickness and tissue echogenicity. Therefore all fetal anomalies may not be detected at any examination. Patient has been counseled about the capability and limitations of this examination.

Declaration: Smita Dhengle, declare that while conducting ultrasonography/ image scanning on Mrs Neetu I have neither stated nor disclosed the sex of her fetus to anybody in any manner.

Recommendation: Rescan at 4-6 weeks for fetal growth and well being (20th to 25th Feb)
Book prior appointment for the scan

Booking appointment- M.no. 6263313346

Smita Dhengle
ID 147673

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H-2019-0445

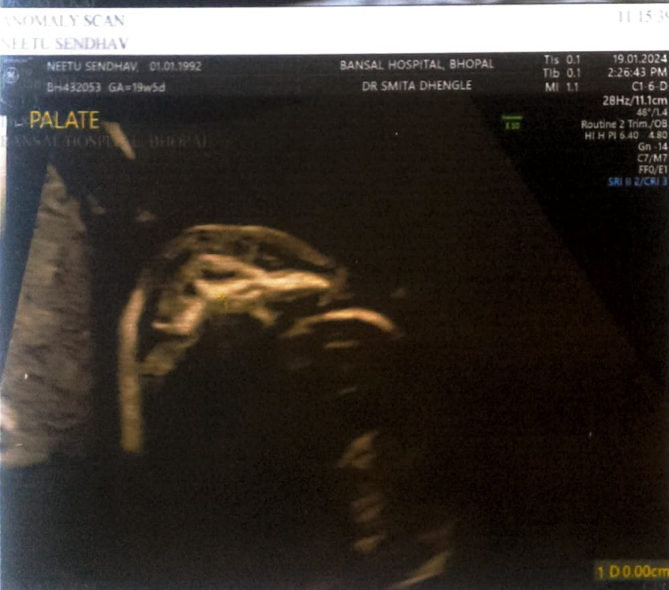
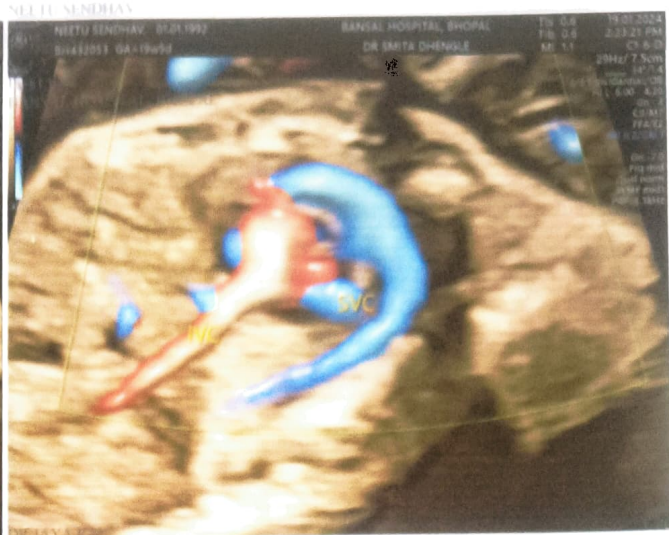


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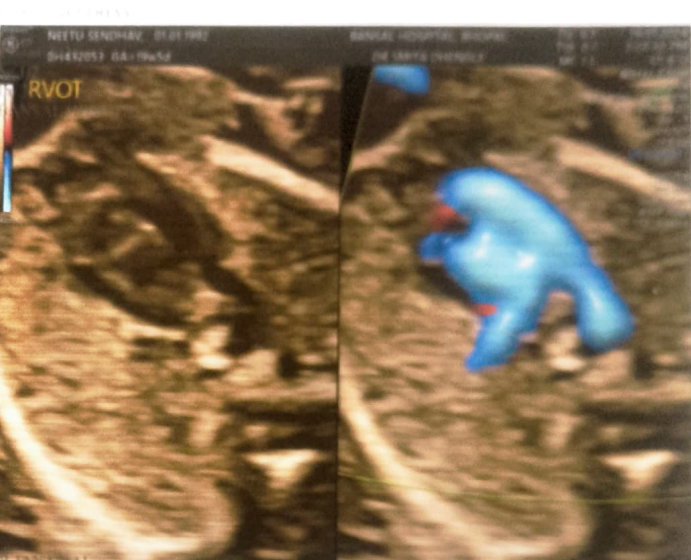
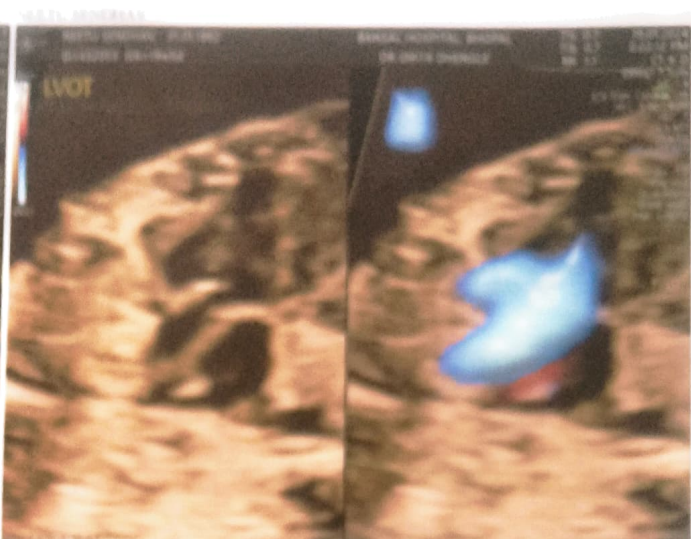
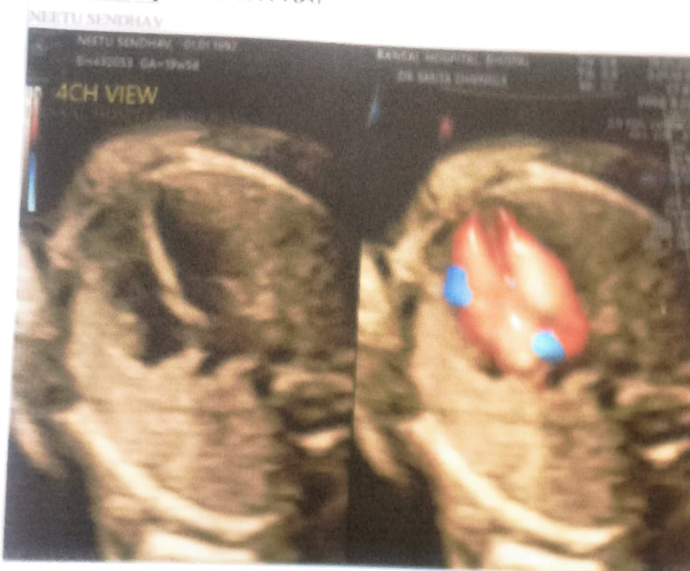
ANOMALY SCAN

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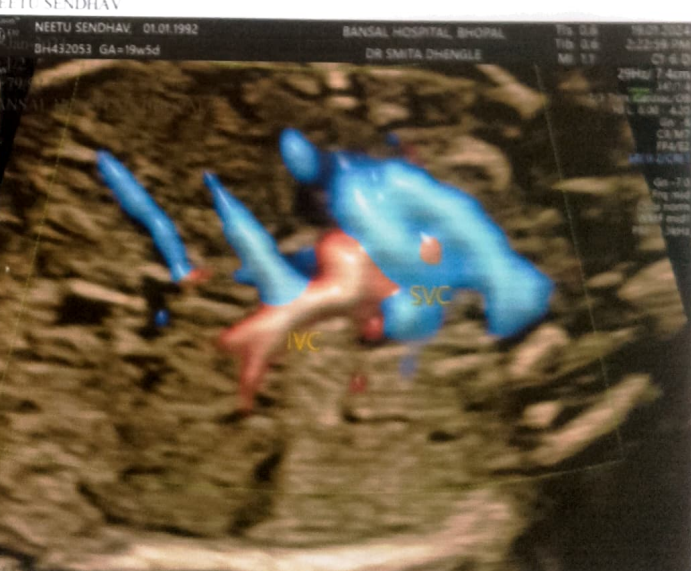
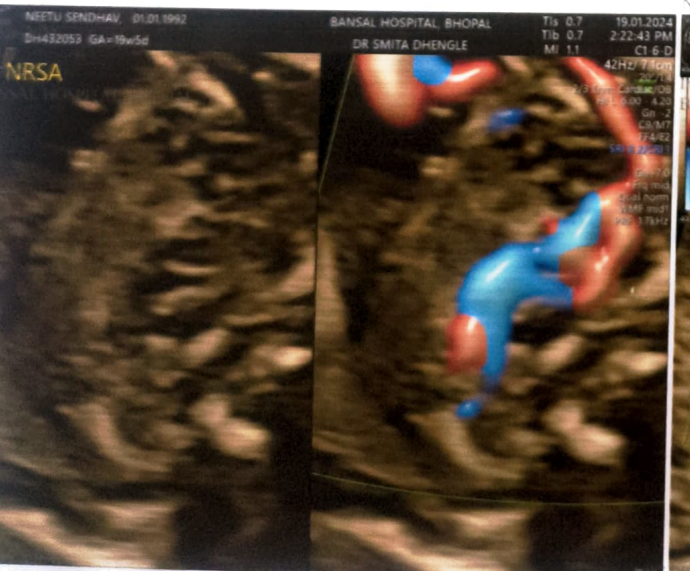
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Patient ID BH432053
Referred By DR JAYA RAI

Patient Name NEETU SENDHAV
Age/Sex 32 Years/F



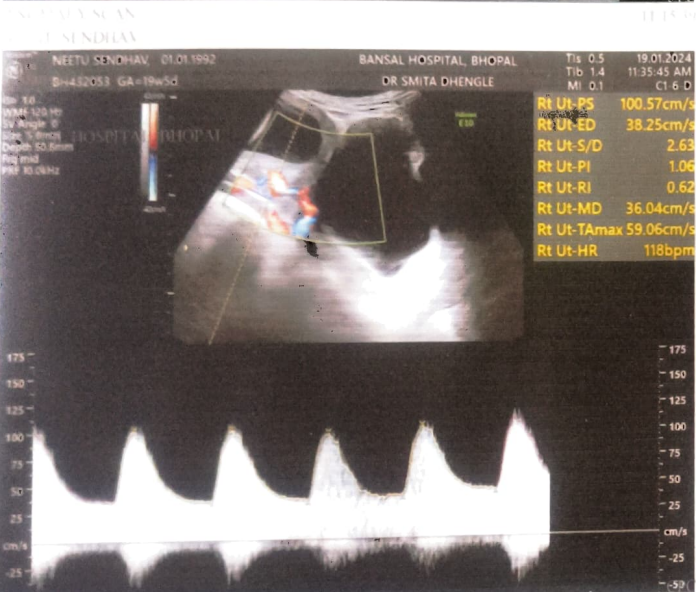
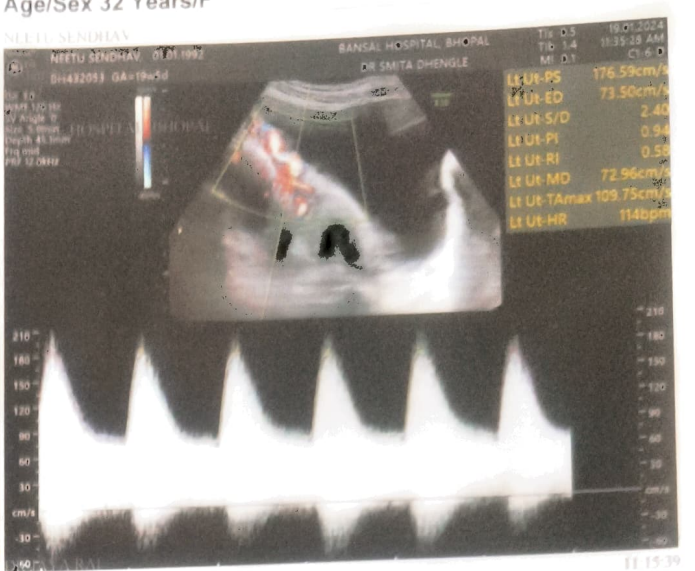
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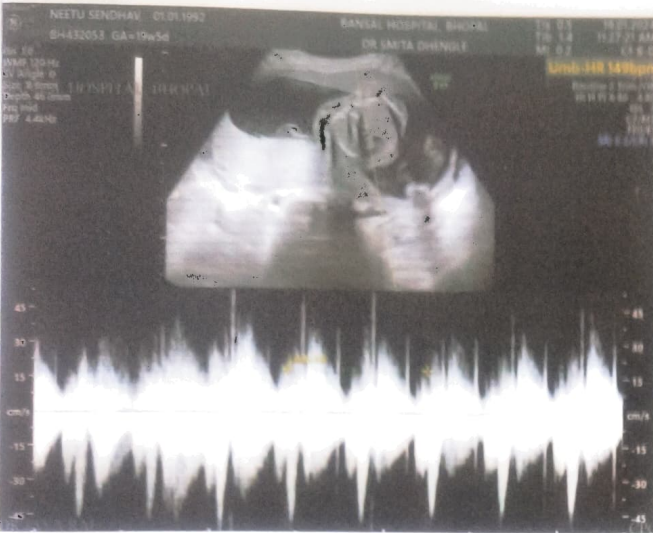
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