

NAME - NAZIYA KALIM PATHAN
 AGE - 23 YEARS
 REF.BY DR. CHINCHE MADAM

R.NO.32
 DATE. 04/02/24

OBSTETRIC SONOGRAPHY ANAMOLY SCAN LEVEL-1

The real time, B mode, sonography of gravid uterus was performed.
 There is a single, live, intrauterine gestation.

L.M.P. : 19/09/23
 Ges. Age (From Clinical, Lmp) : 19 WKS
 E.D.D. (From Clinical, Lmp) : 25/06/24
 E.D.D. (From US, AUA) : 24/06/24
 Presentation : CEPHALIC AT PRESENT.
 Lie : LONGITUDINAL
 Attitude : FLEXION
 Foetal Spine : ON MATERNAL LEFT SIDE
 Foetal Movements : PRESENT
 Foetal Cardiac Pulsations : regular and 154 bpm

FOETAL PARAMETERS:

B.P.D. : 47.9 mm. compatible with 20 wks. 3 dys.
 Head Circumference : 176.9 mm. compatible with 20 wks. 1 dy.
 Abdominal Circumference : 140.7 mm. compatible with 19 wks. 3 dys.
 Femur : 29.6 mm. compatible with 19 wks. 1 dy.
 AVERAGE GES AGE (US) : 19 WKS 6 DAYS.
 Nuchal skin fold thickness : 4.4 mm.
 Estimated Foetal Weight : 294.0 gms.
 Placenta : FUNDOPosterior, MATURITY GRADE - 1, LOWER END OF THE PLACENTA IS ABOUT 4.8 CMS FROM THE INTERNAL OS.
 Umbilical cord appears normal with three vessels.
 Umbilical cord origin on Abdominal wall appears normal.
 Umbilical cord insertion 4.7 cms from the end of the placenta
 : ADEQUATE FOR GES. AGE AFI- $3+1.5+2.5+3.9=10.9$ CMS.
 Amniotic Fluid :
 Cervix : 3.1 CMS
 Internal Os : CLOSED

EVALUATION FOR FOETAL ANOMALIES:

HEAD:

The falx cerebri is in the mid line. Both the thalami appears normal. Cavum Septum Pellucidum seen. Both lateral ventricles are normal in size. Choroid plexus appears normal. Posterior fossa is normal. No abnormality is noted in the cerebellum and vermis. Cisterna magna appears normal in size. No identifiable intracranial lesion seen.

SPINE:

Entire spine visualised in longitudinal transverse and coronal axis. Vertebrae and spinal canal appears normal. Parallel spinal lining noted.

HEART:

Heart is in the mid position. Normal cardiac situs. Cardiac axis appears normal. Foetal heart rate and rhythm appears normal. Heart appears normal in size.

FOUR CHAMBER VIEW - appears normal. Both ventricles and both atriums are symmetrical. Blood flow in atrium is from right atrium to left atrium through foramen ovale. Crux of heart appears normal. Offset of mitral and tricuspid valve appears normal with tricuspid valve placed towards the apex of heart. Inter-ventricular septum appears normal. No evidence of pericardial effusion.

The superior pair of pulmonary veins appears normal.

- USG is just a screening modality; the diagnosis is to be confirmed by other modalities, even multiple USGs may be required for confirmation of diagnosis.
- Different diseases can have same imaging presentations and vice versa.
- Abnormalities and/or Congenital anomalies can be detected depending only on the availability of sonic window.
- In some cases, even multiple USGs may not be able to detect the abnormality and/or Congenital anomalies.
- This report is not for medico legal purposes.



RVOT AND LVOT appears normal and are crossing each other.

THREE VESSEL VIEW – shows normal in relations and size of PA, AORTA, SVC.

FOR FURTHER EVALUATION OF HEART A DEDICATED FOETAL ECHOCARDIOGRAPHY IS REQUIRED.

LUNGS:

Both lungs seen. No evidence of pleural effusion. No space occupying lesion in the thorax.

DIAPHRAGM :

Diaphragm appears normal. Movement of diaphragm appears normal. No obvious defect.

ABDOMEN :

Abdominal situs appears normal. Abdominal wall appears intact.

Stomach, Liver, portal vein, Gall bladder appears normal. No evidence of foetal ascites.

Both foetal kidneys and Urinary bladder appears normal. No evidence of pelvicaliectasis.

LIMBS :

Both humerus, radius, ulna and hands are visualized and appears normal.

Both femur, tibia, fibula and feet are visualized and appears normal.

No obvious demonstrable abnormality detected.

Foot and leg appears to be aligned in same plane.

Evaluation of fingers and toes is beyond the purview of this sonography.

FACE:

Both Orbita, Eye balls and lens appears normal. Lips, Nose and Nasal bone appears normal.

Binocular distance- 33 mm, Interocular distance- 11 mm, Ocular diameter- 11 mm.

Evaluation of palate and external ears is beyond the purview of this sonography.

NECK:

No obvious mass or cyst demonstrated.

All congenital anomalies are not detectable on ultrasound- second opinion recommended.

DOPPLER INDICES :FOETAL MEDICINE BARCELONA

| | PULSATIV INDEX | AVERAGE PULSATILITY INDEX : | PERCENTILE | REMARKS |
|----------------------|----------------|-----------------------------|------------|---------|
| Left Uterine Artery | 0.96 | 0.76 | 6 | NORMAL |
| Right Uterine Artery | 0.57 | | | |

IMPRESSION :

- SINGLE, LIVE, INTRAUTERINE GESTATION OF 19 WKS. 6 DAYS. (+/- 2 wks). WITH CEPHALIC AT PRESENT WITH MARGINAL UMBILICAL CORD INSERTION..
- NO FOETAL ANOMALIES ARE SEEN IN ABOVE MENTIONED ORGANS.

ADVISE – FOR FURTHER EVALUATION OF FOETAL ANOMALIES LEVEL -2 SCAN IS RECOMMENDED TO BE CORRELATED CLINICALLY BY TREATING GYNECOLOGIST.

I Dr. Major Sandeep Londhe, declare that while conducting ultrasonography on Mrs NAZIYA KALIM PATHAN I have neither detected or disclosed the sex of her foetus to any body in any manner.

DR. MAJOR SANDEEP LONDHE

Dr. Major Sandeep Londhe

Reg. No. 0007056 DMRC

Quality Images Of

Consultant Radiologist.

Anvika Sonography Center

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