

**डॉ. अंकिता विजयवर्गीय**  
बी. बी. एस., डी. एम. आर. डी  
आर आई फेलोशिप :  
बटी हॉस्पिटल, मुंबई  
ए हॉस्पिटल, मुंबई  
डियांलॉजिस्ट :  
स हॉस्पिटल, नोएडा  
टी. बी. हॉस्पिटल, दिल्ली  
ए हॉस्पिटल लिमिटेड, कानपुर  
र लाल नेहरू कैंसर हॉस्पिटल, भोपाल

**DR. ANKITA VIJAYVARGIYA**  
MBBS, DMRD

MRI FELLOWSHIPS :

- NANAVATI HOSPITAL, MUMBAI
- HINDUJA HOSPITAL, MUMBAI

FMF Certified from  
Fetal Medicine Foundation  
Reg. No. MP-8932

FORMER RADIOLOGIST AT:

- FORTIS HOSPITAL, NOIDA
- G.T.B HOSPITAL, DELHI
- REGENCY HOSPITAL LTD, KANPUR
- JAWAHAR LAL NEHRU CANCER HOSPITAL, BHOPAL

AGE/SEX : 26Y/F

PATIENT'S NAME : MRS. SAMREEN

DATE : 07.02.2024

REF. BY : DR. PUJA SINGH ( MBBS, DGO)

**OBSTETRIC SONOGRAPHY WITH TARGETED FETAL SCAN**

GA (LMP) : 19 wk 0 d

EDD : 03.07.2024

LMP : 27.09.2023

Single live fetus seen in the intrauterine cavity in breech presentation.

Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 156 beats /min.

**FETAL GROWTH PARAMETERS**

BPD	43.4	mm	~	19	wks	1 days of gestation.
HC	162.2	mm	~	19	wks	0 days of gestation.
AC	136.8	mm	~	19	wks	1 days of gestation.
FL	29.3	mm	~	19	wks	0 days of gestation.
HL	27.7	mm	~	18	wks	6 days of gestation.
TCD	19.8	mm	~	19	wks	1 days of gestation.
BOD	29.9	mm	~	19	wks	1 days of gestation.
NF	2.8	mm	--	--	--	--
LV(atria)	6.6	mm	--	--	--	--

Quantity of liquor is adequate. Placenta is placed high anterior (grade I). Cervical length is normal 3.2 cms. Internal OS is closed at present. EDD by USG - 03.07.2024. EFW - 272 gm +/- 41 gm.

> Baseline screening of both uterine arteries was done & reveals mean PI of ~ 1.12 (WNL for gestation).

**IMPRESSION:**

- Single, live, intrauterine fetus. Fetal size corresponds to 19 weeks 0 days +/- 1 week 2 days.
- Few choroid plexuses cysts - one of minor marker for chromosomal anomaly, however very low positive predictive value when seen as isolated finding. Rest of fetal gross morphology examination within normal limits.

Suggest : Clinical, biochemical & SOS further workup correlation.

P.T.O



Scanned with OKEN Scanner

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RS. SAMREEN

Head:

- Head appears normal in size and shape.
- Cerebral structure appears normal.
- Both Lateral ventricles appear normal in size except few choroid plexus cysts largest ~ 5.4 mm. TD
- at atrium ( LVA) measured 6.6 mm. Cavum Septum Pellucidum is seen.
- Cerebellum appears normal. Transverse cerebellar diameter ( TCD ) measures 19.8mm .
- Cisterna Magana is Normal in size ( 4.2 mm ) and shape.
- No SOL is seen.

Spine:

- Full length of the vertebral column is visualized in Sagittal, Coronal and transverse planes .
- Normal alignment of vertebrae was recorded . No obvious defect was visualized.

Neck:

- No cystic lesion is visible around the fetal neck.
- Nuchal skin fold thickness ( NF) measured 2.8mms.

Face:

- Fetal face was visualized in profile and coronal scans.
- Both eyeballs ,nose and lips appear normal.
- Nasal bone was well visualized.
- Pre-maxillary triangle appears intact.

Thorax:

- Normal cardiac situs and position.
- Four chambers view and outflow tracts view appear normal . *All cardiac anomalies are out of preview of this study , dedicated Echo is not done & may be suggested for the same .*
- Both lungs were visualized.
- No evidence of pleural or pericardial effusion.
- NO SOL seen in thorax.

P.T.O.

MRS. SAMREEN

Shop No. 23

**IS. SAMREEN**

domen :

- Anterior abdominal wall appears intact. Umbilical cord insertion was visualized.
- Normal abdominal situs.
- Fetal liver, gall bladder, stomach and bowel loops appear normal.
- No ascitis.

Urinary Tract :

- Both kidneys appear normal in size. No pelvicalyceal dilatation.
- Urinary bladder appears normal.

limbs :

- All the four limbs are seen. The long bones appear normal for the period of gestation.
- Both the hands and feet appeared normal.

Umb. Cord :

- Cord appears normal and reveals two arteries and one vein.

(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, maternal abdominal wall thickness & tissue ecogenicity. Therefore all fetal anomalies may not be detected at every examination. Patient has been counselled about the capabilities & limitations of this examination. )

(I Dr. Ankita Vijayvargiya, declare that while conducting Sonography I have neither detected nor disclosed the sex of the fetus to anybody in any manner. )

  
( DR. ANKITA VIJAYVARGIYA )