

Patient's Name : Mrs. Aishwarya. Vikramsingh. Gore Patil.
Date : 20. 02. 2024.
Referred By : Dr. Vishal. Gore patil..
Investigation : Ultrasound examination of the Gravid uterus (screening only)

Ultrasound examination of the gravid uterus reveals a single intrauterine pregnancy with changing lie.

The fetal movements and fetal cardiac pulsations are present.

The fetal heart rate is 142 beats / min.

The fetal movements and fetal cardiac pulsations appear normal.

The placenta is posterior, low lying lower end is 1cm from internal os . Grade 0 maturity.

The liquor appears to be adequate.

The internal os is closed. Cervical length is 40 mm

There is no obvious congenital anomaly, in present study. Advice review at 23-24 weeks for better evaluation of anomalies. Not all congenital anomalies can be detected by ultrasound due to technical difficulties, anomaly detection is dependent on factors like GA, fetal position, maternal obesity and liquor quantity.

FETAL ANATOMY:-

HEAD & BRAIN:-

Mid line falx seen. Fetal brain shows normal parenchyma

No evidence of dilatation of ventricle thalami

Normal corpus callosum, Cavum septum pellucidum is seen.

Posterior fossa appears normal and No mega cisterna magna seen.

No obvious intracranial calcification noted

FETAL FACE:-

Grossly normal fetal face.

Orbit, nose appears normal. Pre maxillary triangle appears normal.

Nuchal pad is not thickened. Nasal bone is seen.

No evidence of cleft lip or palate seen.

EXTENDED BIOMETRY:-

Nuchal fold thickness measures 3.3 mm, Transcerebellar diameter measures 18 mm

Nasal bone measures 4.8 mm, cistern magna measures 5 mm

Lateral ventricle measures 4.3 mm.

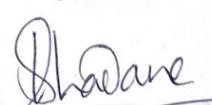
FETAL SPINE:-

Normal curvature and alignment is seen

Overlying skin appears intact

No obvious spina bifida or no evidence of NTD.

Page No-1

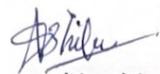


Dr. SANDHYA BHADANE
Reg. No. 077513

DECLARATION OF THE PERSON UNDERGOING PRENATAL DIGONSTIC TEST/ PROCEDURE

I. Mrs. Aishwarya. Vikramsingh. Gore Patil. Declare that by undergoing prenatal diagnostic Test/ Procedure. I do not want to know the sex of my fetus.

Date: 20. 02. 2024



Signature/Thumb impression of the person undergoing the prenatal diagnostic Test/ procedure

In Case of thumb Impression:

Identified by (Name)

Sex: Relation (if any):

Age:

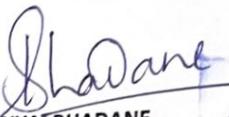
Address & Contact No:

Signature of a person at testing thumb Impression: Date:

DECLARATION OF DOCTOR / PERSON CONDUCTING PRE NATAL DIGONSTIC TEST/ PROCEDURE

I Dr. Sandhya. Bhadane. (Name of the person conducting ultrasonography / Images Scanning) declare that while conducting ultrasonography / image scanning on Mrs. Aishwarya. Vikramsingh. Gore Patil.. Name of the pregnant women or the person undergoing prenatal diagnostic procedure/ test), I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Signature



DR. SANDHYA. BHADANE.
M.B.B.S., D.M.R.D.
REG. No.: 077513
P.N.D.T. REG No 15/2002



Date: 20. 02. 2024

Name in Capital, Registration Number with Seal of the
Gynecologist/Radiologist/Registered Medical Practitioner
Conducting Diagnostic procedure

PLEASE NOTE THAT ALL ANOMALIES ARE NOT PICKED BY ULTRASOUND DUE TO FETAL POSITION, AMNIOTIC FLUID, FETAL MOVEMENTS, AND MATERANAL ABDOMINAL FAT. ALL FETAL ANOMALIES, SUBTLE DEFECTS , SMALL VSD, EAR ANOMALIES, RECTAL ANOMALIES, ANAL AND BOWEL ANAOMALIES, NUMBER OF FINGER AND TOES MAY NOT BE NECESSARILY BE DETECTED AT EVERY SONOGRAPHY EXAMINATION, DELAYED DEVELOPMENTAL ANOMALIES CAN NOT BE RULED OUT IN THIS EXAMINATION. * FETAL DETAIL 2D ECHO IS NOT INCLUDED IN THIS REPORT. ESTIMATED FETAL WEIGHT AND ALL MEASUREMENTS ARE SUBJECT TO STATISTICAL VARIATION.THE REPORT INDICATES ONLY ONE OF THE POSSIBILITIES WHICH IS TO BE CONFIRMED OR RULED OUT WITH FURTHER INVESTIGATION AS REQUIRED. IF NEED PATENT IS FREE TO TAKE SECOND OPINION

Patient's Name : Mrs. Aishwarya. Vikramsingh. Gore Patil.
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FETAL ABDOMEN:-

Situs is normal, normal diaphragm, no CDH.
Anterior abdomen wall normal , no evidence of any defect ,
no evidence of omphalocoele seen.
Small TO fistulas may not be detected .
Fetal fundic bubble appears normal.
Both Fetal kidneys normal , bladder distended

FETAL LIMBS:-

All four limbs appears grossly normal for period of gestation .
Fingers and toes and its counting is not included in present scan guidelines
No evidence of bony deformity , no CTEV noted
No obvious skeletal abnormality .

FETAL HEART :-

Normal cardiac situs and axis .
Four chamber heart visualized properly all chambers normal.
Interventricular septum appears normal.
Outflow tracts appears normal. Crossing of both tracts appears normal.
#Evidence of echogenic intra cardiac foci. In this case EICF is isolated finding. In absence of any other marker or structural defect in the fetus, this is not considered to be clinically significant .It does not affect the structural development or function of the heart and it does not increase the background risk of aneuploidy. Advice f/u at 23-24 weeks
small VSD may not be detected Detail fetal 2D echocardiography is not included in this study. Advice review at 23-24 weeks for better evaluation of Cardiac anomalies.

FETAL LUNGS :-

Both lungs seen, no pleural or pericardial effusion, No evidence of sol in thorax

UMBILICAL CORD :-

Three vessel cord seen.

DOPPLER :-

Uterine arteries shows no systolic or diastolic notch in present study
Right uterine artery: PI: 0.8 left uterine artery: PI: 0.8
Average PI is 0.8, which is below the 95th centile values

Page No-2

S. Bhadane
SANDHYA BHADANE
Reg. No. 077513
Dr.

Patient's Name : Mrs. Aishwarya. Vikramsingh. Gore Patil.
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Second Trimester markers for Trisomy 21

Nuchal fold thickness is within normal limits

Nasal bone is well seen.

No ventriculomegaly

No short femur/humerus.

Bowel is not echogenic .

No renal Pyelectasis noted

#Evidence of echogenic intra cardiac foci. In this case EICF is isolated finding. In absence of any other marker or structural defect in the fetus, this is not considered to be clinically significant .It does not affect the structural development or function of the heart and it does not increase the background risk of aneuploidy. Advice f/u at 23-24 weeks

LMP : : 16. 10. 2024.
Gestational age by LMP : 18 weeks 1 day.
EDD by LMP : 22. 07. 2024.

Growth parameters :

Biparietal Diameter : 42 mm = 18 weeks 6 days +/- 1 week.
Femoral Length : 26 mm = 18 weeks 1 day +/- 1 week.
Head circumference : 153 mm = 18 weeks 2 days +/- 1 week.
Abdominal circumference : 131 mm = 18 weeks 5 days +/- 1 week.

Estimated gestational age : (average) 18 weeks 3 days + / - 1 week.

Estimated EDD : 22. 07. 2024..

Estimated fetal body weight : approximately 240 grams at present.

Conclusion : Single live intrauterine pregnancy with changing lie.
The average gestational age of 18 weeks 3 days +/- 1 week.
Low-lying placental, Advice F/u study For clinical correlation.

I Dr. Sandhya. Bhadane declare that while conducting ultrasonography on Mrs. Aishwarya. Vikramsingh Gore patil. I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

