

Name : MRS. RAVINA SHENDE
 Ref By : Dr. NIDHI GHODE

Age/Sex : 25 YEARS/F
 Date : 22 Feb 2024

ULTRASOUND OBSTRETICS WITH FETAL ANOMALY SCAN

LMP: 22 Sep 2023 (21w6d)

EDD (LMP): 28 Jun 2024

Suboptimal scan due to thick maternal anterior abdominal wall

- Single live intrauterine fetus, in variable presentation.
- Cardiac activity / Fetal movements ++ (Fetal Heart Rate- 161bpm)
- Placenta is posterior.
- Cervical length- 3.2 cm. Internal os is closed.

Biometric Measurements:

B.P.D	5.16 cm	21w5d
H.C	19.58 cm	21w6d
A.C	16.47 cm	21w4d
F.L	3.72 cm	21w6d

Average: 21w5d +/- 1 week 2 day
 Liquor adequate.

E.F.W: 442 g +/- 48 gm
 EDD: 29 Jun 2024

FETAL ANOMALY SCAN

Details of fetal anatomy were suboptimal visualized due to thick maternal anterior abdominal wall.

Head and face:

Skull Vault : Visualized, shape, Ossification is normal.
 Cavum septum pellucidum: Sub optimally visualized, grossly appears normal.
 Falx cerebri : Visualized in midline,
 Cisterna Magna : Sub optimally visualized, grossly appears normal
 Cerebellum : Sub optimally visualized, grossly appears normal.
 Lateral Ventricle : Sub optimally visualized, grossly appears normal
 Orbita : Sub optimally visualized, grossly appears normal.
 Spine : Sub optimally visualized, grossly appears normal.
 Thorax : grossly appears Normal. No e/o any pleural/ pericardial effusion.
 Heart : Echogenic focus seen in left ventricle of heart. Rest Four Chambers and outlets seen, normal.
 Both domes of diaphragm are intact.

P.T.O

Abdominal cavity:

Abdominal wall is intact.

Umbilical cord insertion is normal. Umbilical 3-vessel cord appreciated.

Stomach bubble visualized, appears normal.

No abnormal small/large bowel loop dilatation noted at present scan

Both kidneys sub optimally visualized. **Bilateral renal pelvises appear dilated (AP diameter measure 5 mm in either side)**

Urinary bladder well visualized, appear normal.

No mass/cyst in abdomen.

Limbs:

Both upper and lower limbs sub optimally visualized, grossly appear normal. Hands and feet could not be imaged properly (Hands, foot and fingers anomalies could not be ruled out).

Bilateral ear pinna could not be properly imaged due to fetal position.

IMPRESSION:

- Single live, intrauterine pregnancy of 21w5d +/- 1 week 2 days gestational age.
- Echogenic focus in left ventricle of heart (quadruple marker test).
- Dilated bilateral renal pelvises (AP diameter measure 5 mm in either side)(follow up).
- No obvious congenital anomaly noted.

Suggest: Fetal 2d echo.

I, Dr. Nilesh M. Aswar declare that while conducting Ultrasonography on **MRS. RAVINA GIRISH SHENDE**, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

30w5d
20elc

Dr. Nilesh M. Aswar
MBBS DMRE

Disclaimer:

This ultrasound scan does not include dedicated fetal 2d echo examination.

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Aswar

Please correlate the findings with clinical examination, history & blood investigations.
Please note: All measurements including fetal weight are subject to statistical variation.
Also not all anomalies are accurately detected on USG at every examination due to fetal mobility and frequent positional change.

Please Note: This report is only a professional opinion based on the real time image findings and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings.

Detailed fetal anatomy may not always be visible due to technical difficulties related to fetal positions, amniotic fluid volume, fetal movements and abdominal wall thickness. Hence, all fetal anomalies may not necessarily be detected at every examination.

We do not communicate the sex of the fetus to patient or her relatives in any form.