5/3/24

Mrs. Pratha Khare

Age - 39 y/f

Quadruple Markers

DOB – 8/10/1984

LMP – 12/10/2023

Hight – 5"3"

Weight – 86.70 Kg

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NAME : MRS. PRATHA SHRIVASTAVA KHARE AGE : 39 YEARS SEX : F

REF. BY. : DR. MANASI GULATI TYPED BY - PR

USG OBSTETRICS WITH TARGETED IMAGING FOR FOETAL ANOMALIES

-Suboptimal scan due to patient excessive anterior abdominal wall fat.

Single live intrauterine fetus with variable presentation is seen at the time of examination.

Liquor is adequate in amount.

Cervical length- 3.9 cm.

The cardiac pulsations and fetal movements are well seen.

The fetal heart rate is = 151 b/minute.

The approximate gestational age is as follows:

PARAMETER	MEASUREMENT IN CM	WEEKS	DAYS
BPD	4.56	19	5
HC	17.42	20	0
AC	14.76	20	0
FL	3.19	19	6
TIB	2.67	19	4
FIB	2.74	19	5
HL	3.13	20	3
RAD	2.60	19	5
ULNA	2.93	21	0
CEREB	1.84	18	1

Cephalic index = WNL.

***Placenta*- Posterior wall, grade- I, The lower end of placenta at a distance of 5 cm from internal os.**

Bilateral Uterine Arteries Are Showing Normal Wave Form And Doppler Indices. Diastolic Notch Is Absent. (Right uterine artery PI- 1.4, Left uterine artery PI- 0.9).

Mean uterine PI- 1.1

P.T.O.

NAME : MRS. PRATHA SHRIVASTAVA KHARE AGE : 39 YEARS SEX : F

Estimated foetal weight is 325 Gms -/+ 47 gms.

GA(AUA) - 19 wks + 6 days
EDD (AUA) - 19.07.2024

GA (LMP) - 20 wks + 0 days
EDD(LMP) - 18.07.2024

IMPRESSION:-

- Single live intrauterine pregnancy in variable presentation is seen at the time of examination of 19 weeks + 6 days.
- The lower end of placenta at a distance of 5 cm from internal os (Advice- follow up).

Review after 1 week for fetal heart.

Advice-Fetal echocardiography for better evaluation of fetal heart and quadruple marker correlation.

NOTE: - I Declared that while conducting USG, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

- ✓ *(All measurement including foetal weight is subject to statistical variation. Fetal echo is not done.)*
- ✓ *Not all anomalies can be detected on sonography. Detection of anomalies is dependent on fetal position, gestational age. Maternal abdominal obesity and other technical parameters. Fetal limb anomalies not always detectable due to position. Follow up scanning and second opinion are always advisable.*
- ✓ *Fetal heart is grossly normal in current screening, all cardiac deformities can't be ruled out on this study and a dedicated fetal echocardiography is recommended, in case of clinical suspicion and a strong relevant history of genetic presence and maternal medications.*
- ✓ *Fetal medicine is dynamic process any fetal disease can present any time as changing dynamic process.*

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These reports are for assisting doctors, physicians in their treatment and not for medico legal purpose and should be related clinically.

Pathological Investigation/Radiological impression are merely opinion and the final diagnosis as they are based on available data generated/ imaging being. These opinions should be with clinical findings & review of further evaluation may be sought wherever considered appropriate.