



Reg. No : 290224/237

**TEST REPORT**

Date: 29.02.2024

NAME : MRS. PRATHA SHRIVASTAVA KHARE

AGE : 39 YEARS

SEX : F

REF. BY. : DR. MANASI GULATI

TYPED BY - PK

**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:

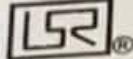
PARAMETER	MEASUREMENT IN CM	WEEKS	DAYS
BPD	4.56	19	5
HC	17.42	20	0
AC	14.76	20	0
FL	3.19	19	6
TIB	2.67	19	4
FIB	2.74	19	5
HL	3.13	20	3
RAD	2.60	19	5
ULNA	2.93	21	0
CEREB	1.84	18	1

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 Noise Absent. (Right uterine artery PI- 1.4, Left uterine artery PI- 0.9).

Mean uterine PI- 1.1



## TEST REPORT

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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 examination of 19 weeks + 6 days.
- ❖ The lower end of placenta at a distance of 5 cm from internal os (Advice- f

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

NOTE: - I Declared that while conducting USG, I have neither detected nor disclosed the sex of 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 po gestational age. Maternal abdominal obesity and other technical parameters. Fetal limb anomaly 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 tl dedicated fetal echocardiography is recommended, in case of clinical suspicion and a strong rele genetic presence and maternal medications.
- ✓ Fetal medicine is dynamic process any fetal disease can present any time as changing dynamic

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h clinical findings a review of further evaluation may be sought whenever considered appropriate.  
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