



Patient name	Mrs. RENUKA SANDEEP KHADSE	Age/Sex	38 Years / Female
Patient ID	E79276-24-03-14-10	Visit no	1
Referred by	Dr. KARUNA MURKEY, M.D. (OB GY)	Visit date	14/03/2024
LMP date	03/12/2023, LMP EDD: 08/09/2024 [14W 4D]		

OB - Early anomaly Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Maternal

Cervix measured 4.36 cm in length.
os closed.

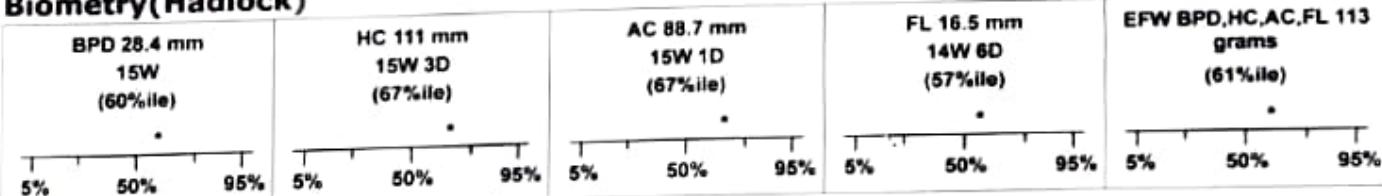
Right Uterine	0.62	● + + + (<1%)
Left Uterine	0.93	● + + + (5%)
Mean PI	0.775	● + + + (3%)

Fetus

Survey

Presentation : Changing
 Placenta : Posterior
 Liquor : Normal
 Umbilical cord : Three vessel cord seen.
 Fetal activity : Fetal activity present
 Cardiac activity : Cardiac activity present
 Fetal heart rate - 154 bpm
 Pregnancy comments : **CRL 97.8MM 15 WKS 4 DAYS.**

Biometry (Hadlock)



Aneuploidy Markers

Nasal Bone : 4.22 mm - Present

Nuchal Fold : 1.6 mm - Seen



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Fetal Anatomy

Head : Skull/brain appears normal.

Intracranial structures appears normal.

Choroid plexuses are symmetrical.

Falx visualised.

Butterfly sign present.

Posterior fossa is normal.

Intracranial translucency is normal.

Neck : Fetal neck appeared normal.

Spine : Spine appeared normal. No evidence of significant open neural tube defect

Face : Fetal face appeared normal

Thorax : Both lungs appeared normal

Heart : Heart appeared normal

Abdomen : Abdominal situs appeared normal

KUB : Both kidneys and bladder appeared normal.

Extremities : All long bones appeared normal for the period of gestation.

Arms and legs present normal relationships.

Legs and feet present normal relationship.

Note: This is an obstetrical ultrasound, mainly done for estimation age, amount of liquor, placental position and general well being of foetus and for evaluation of congenital anomalies. Moreover, the anomalies in relation to foetal heart and limbs are extremely difficult to detect due to constantly changing position of foetus and overlapping of its various parts. The thickness of abdominal wall fat when increased adversely affects the visualisation of structures and reduces resolution. Not all congenital anomalies can be detected on antenatal ultrasound. Some are evolving anomalies and may not be seen on initial ultradous examination. Some anomalies can only be diagnosed in advanced stage of gestation and may not be seen in initial ultrasound examination. Findings such as increased NT or nuchal fold thickness, echogenic intracardiac focus, choroid plexus cyst are transient in nature and may disappear in later stage of gestation. Only less than 60 percent of cardiac anomalies are detected on detailed fetal echocardiography.

Impression

Single gestation corresponding to a gestational age of 14 Weeks 4 Days

Gestational age assigned as per LMP

Placenta - Posterior

Presentation - Changing

Liquor - Normal

Single live intrauterine pregnancy with maturity of 15 weeks 2 day of gestation.

Established EDD-08/09/2024 (Assigned as per LMP).

No obvious evidence of any congenital anomaly at present.

Low risk for aneuploidy.

Mean uterine artery PI 0.775 (Low risk for Preeclampsia / FGR). Prophylactic low dose Aspirin not needed.

Adv:- Level II Anomaly scan at 18-20 Weeks.

Please correlate clinically.