

46Y14

(18) Mrs Pn̄pa S̄ah̄
30Y1F

241349162

Quadruple Marker

DOB - 14/12/1993

LMP - 11/11/2023

Height - 5.3 feet

Weight - 53 kg.

NAME : MRS. PRIYA SAHU
AGE : 30 Years / FEMALE
REF. BY : DR. MANASI GULATI (MBBS DNB)

DATE : 23/03/2024

OB - 2/3 Trimester Scan Report (Anomaly Scan)

LMP: 11/11/2023	GA (LMP): 19Weeks, 0Days	EDD (LMP): 17/08/2024
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Real time B-mode ultrasonography of gravid uterus done.
Route: Transabdominal.

Maternal:

Cervix measured 3.2 cm in length.

Internal Os closed.

Right uterine PI : 1.63

Left uterine PI : 1.13

Mean PI : 1.38 (77% + - -Normal)

Fetus Survey : Single live intrauterine fetus.

Presentation : Breech

Placenta : Anterior wall grade -I, upper & mid segment

Liquor : Normal (AFI-13.6 cm)

Umbilical cord : Two arteries and one vein

Biometry (Hadlock)

	Cm	Weeks	Days	Percentile
Biparietal Diameter	4.0	18	2	20.1% + - +
Head Circumference	15.5	18	3	17.3% + - +
Transverse Cerebellar Distance	1.9	18	2	8.1% + - +
Abdominal Circumference	13.5	19	0	43.9% + - +
Humerus Length	2.7	18	5	38.7% + - +
Radial Length	2.3	18	4	39.7% + - +
Ulnar Length	2.5	18	6	28.2% + - +
Femoral Length	2.9	18	6	37.5% + - +
Tibial Length	2.6	19	1	61.3% + - +
Fibula Length	2.6	19	1	51.9% + - +
Fetal Weight	260 Grams ± 38 Grams.			35.9% + - +
Heart Rate	157 Beats Per Minute.			

Fetal Anatomy:

Head

Both lateral ventricles appeared normal.

Right lateral ventricle - 5.5 mm; Left lateral ventricle - 6.1 mm.

Cisterna magna measured 4.4 mm.

Nuchal fold thickness - 4.7 mm

Midline falx seen.

Posterior fossa appeared normal. No identifiable intracranial lesion seen.

Corpus callosum not completely formed before 20 weeks

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Neck

Fetal neck appeared normal.

Spine

Entire spine visualized in longitudinal and transverse axis. Vertebrae and spinal canal appeared normal.

Face

Fetal face seen in the coronal and profile views. Orbits, lips, nose and mouth appeared normal. Nasal bone - 5.2 mm.

Thorax

Both lungs appear normal.

No evidence of pleural or pericardial effusion. No evidence of SOL in the thorax.

Heart

Heart appears in the mid position. Normal cardiac situs. Four chamber view grossly normal (small VSD may not always be detected). Outflow tracts grossly appeared normal. Echogenic intracardiac focus seen in right ventricle.

Abdomen

Abdominal situs appeared normal. Stomach and bowel appeared normal. Normal bowel pattern appropriate for the gestation seen. No evidence of ascites. Abdominal wall intact.

KUB

Right and Left kidneys appeared normal. Bladder appeared normal.

Extremities

All fetal long bones visualized and appear normal for the period of gestation. Finger counting could not be done.

Soft marker risk calculator:

Sr No	2 nd Trimester Aneuploidy Markers	
1	Intracardiac Echogenic Focus	Present
2	Ventriculomegaly	Absent
3	Increased Nuchal Fold	Absent
4	Echogenic Bowel	Absent
5	Mild Hydronephrosis	Absent
6	Short Humerus	Absent
7	Short Femur	Absent
8	Aberrant Right Subclavian Artery	Absent
9	Absent or Hypoplastic Nasal Bone	Absent
	Apriori Risk (Based on NT scan):	Normal size
	LR Ratio:	1 in 5000
	Trisomy21 Risk:	0.95
		1 in 5263

This report is for perusal of the doctor not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retro peritoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purpose. In case of any typing error please get it corrected within 7 days.

NAV KAR

DIAGNOSTIC & EYE CLINIC

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NAME : MRS. PRIYA SAHU
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IMPRESSION:

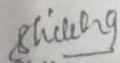
- Single live intrauterine gestation in Breech presentation.
- Estimated gestational age by fetal biometry: 18 weeks 5 days, EDD as per ultrasound: 19/08/2024.
- Assigned EDD (as per LMP): 17/08/2024.
- Fetal weight is 260 grams $\pm$ 38 grams.
- Endocervical length- 3.2 cm, normal.
- Uterine artery screen negative for pre-eclampsia.
- No obvious gross fetal anomaly is noticed in this examination except echogenic intracardiac focus seen in right ventricle (Soft marker).

SUGGESTED: Fetal echo at 22-24 weeks & Quadruple marker.

Thanks for the reference,
With regards.

(It must be noted that detailed fetal anatomy may not always be visible due to technical difficulties related to gestational age, fetal position, amniotic fluid volume, fetal movements and abdominal wall thickness. Therefore all fetal anomalies may not necessarily be detected at every examination. Fetal anomalies that may not be apparent by 20-24 weeks gestation are some forms of hydrocephalus, micro-cephalus, some cardiac defects, hirschsprung disease, micro-ophthalmia, gastrointestinal obstruction, polycystic renal dysplasia, hydronephrosis, heterozygous achondroplasia). Assessment of small body-parts like finger, toes & ears does not come within the scope of the targeted anomaly scan. Fetal echo is not included in this scan. Study of genital organs is prohibited by PCPNDT act; detection of their anomalies is not feasible.

Declaration: I Dr. Shikha Jain has neither detected nor revealed sex of fetus during sonography examination of the patient.


Dr. Shikha Jain
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FIMF (UK) CERTIFIED (11-13 weeks scan)
Consultant Radiologist

Dr. Shikha Jain
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CGMC/3605/2011

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9. लिखी हुई दवाई को बदलकर दूसरी दवाई न दें :

RESERVED (भरती लेने के अधिकार सुरक्षित)