

Name	: MRS. SONALI MAHADEV WAYKAR	Age/Sex	: 27 YEARS/F
Ref By	: Dr. DEEPALI KHABALE MADAM	Date	: 02 Apr 2024

OB – 2/3 TRIMESTER SCAN REPORT

INDICATION(S)

EARLY TARGET SCAN

Real Time B – mode ultrasonography of gravid uterus done.

Route: Trans abdominal.

Single intrauterine gestation.

Maternal: Cervix measured 3.2 cm in length.

FETUS –

Survey

- Placenta – Anterior, Lower edge of placenta is 2.2 cm away from OS, Low Lying.
- Liquor – Normal
- Presentation – Breech with head in Right hypochondrium at present scan.
- Lie – Longitudinal.
- Single Deepest Pocket = 3.4 cm and AFI = 11 – 12 cm.
- Umbilical Cord – Two Arteries And One Vein.
- Fetal Activity Present.
- Cardiac Activity Present
- Fetal Heart Rate - 161 bpm.

Fetal Biometry –

LMP: 29 Nov 2023

EDD BY LMP – 04 Sep 2024

EDD BY USG – 09 Sep 2024

BPD : 3.8 cm	17 Weeks 4 Days
HC : 13.1 cm	16 Weeks 6 Days
AC : 10.9 cm	16 Weeks 5 Days
FL : 2.5 cm	17 Weeks 3 Days

Foot Length: - 26 mm

TCD - 17 mm

Right Uterine PI: 0.8

Left Uterine PI: 1.2

Mean Uterine PI: 1.0, Normal.

Markers of Aneuploidy –

- Increased nuchal fold thickness – No.
- Fetal Ventriculomegaly – No.
- Echogenic Intracardiac Focus – No.
- Choroid Plexus cyst – No.
- Echogenic Bowel Loops – No.
- Shortened Fetal Long Bones – No.

Impression:

- Single Live gestation corresponding to gestational age of 17 Weeks 1 Days.
- Placenta – Anterior, Lower edge of placenta is 2.2 cm away from OS, Low Lying.
- Presentation – Breech with head in Right hypochondrium at present scan.
- Loop of cord seen around neck at present scan.
- Liquor – Normal
- Estimated fetal weight according to BPD,HC,AC,FL : 182 +/- 27 gms.

Dedicated fetal 2D Echo is not included in this scan. Follow up scan at 19 – 20 weeks to assess Evolving Anomaly and fetal heart.

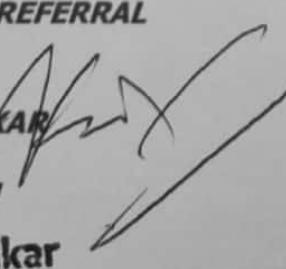
- All congenital anomalies/malformations are not be detected on USG. (RCNA, JAN. 1990, VOL. 28)
- Fetal survey is limited by fetal position, movements, quantity of amniotic fluid & thickness of maternal anterior abdominal wall. Some anomalies are evident at later stages of pregnancy, for which follow-up is suggested.
- ही सोनोग्राफी हृदयदोषांसाठी केलेली नाही. सोनोग्राफीमध्ये अन्ननलिका श्वासनलिका जोडलेली असणे, संडासाची जागा बंद असणे, रक्तवाहिनी अरुंद असणे, या गोष्टी दिसतीलच असे नव्हे. त्या बाळाचा वाढीवरोबर केव्हाही उद्धमवू शकतात.
- I Dr. Rohit V Kandalkar declare that while conducting ultrasonography/image scanning of this patient MRS. SONALI MAHADEV WAYKAR, I have neither detected nor disclosed the sex of fetus to anybody in any manner.

ADVICE – QUADRUPLE MARKER TEST IS ADVISED. (MORE SENSITIVE THAN TRIPLE MARKER TEST).

MANY THANKS FOR REFERRAL

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S. Waykar

SIGN OF PATIENT