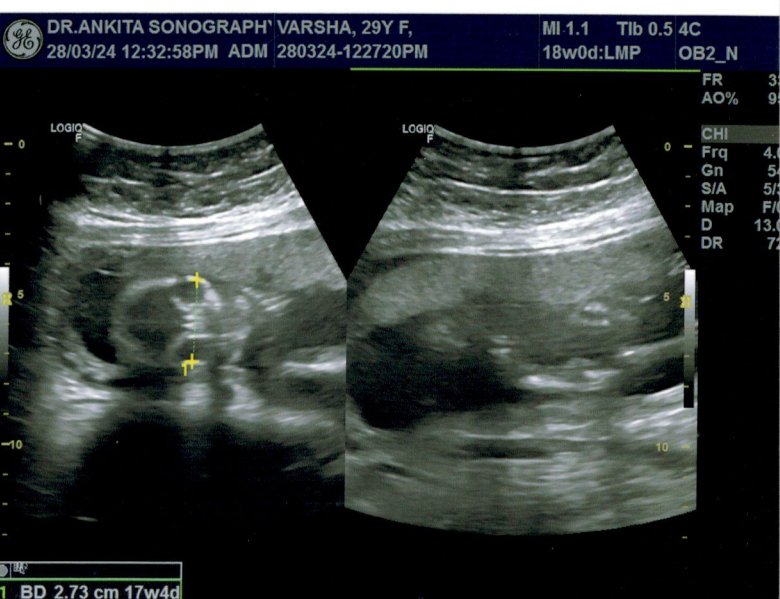
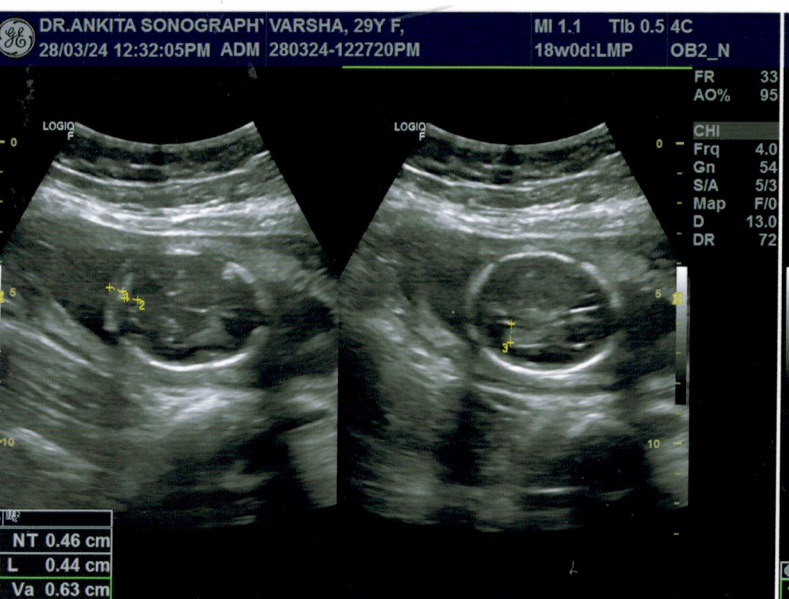
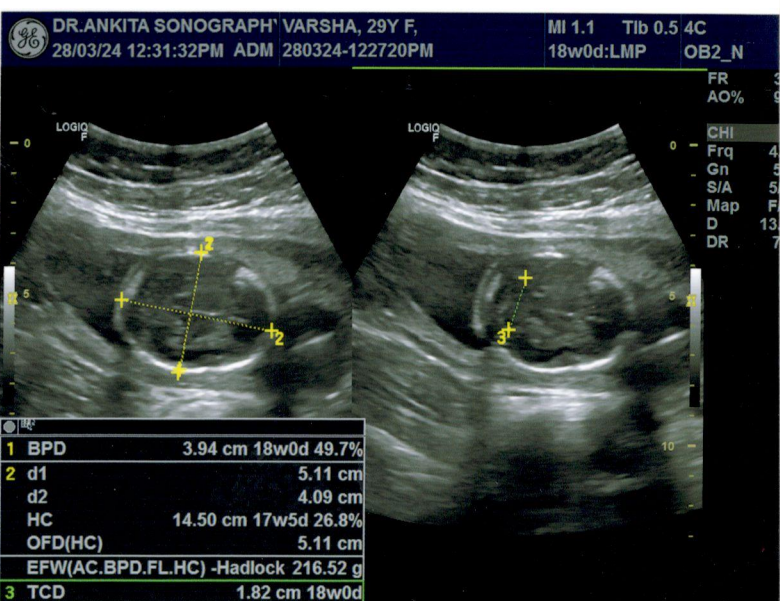
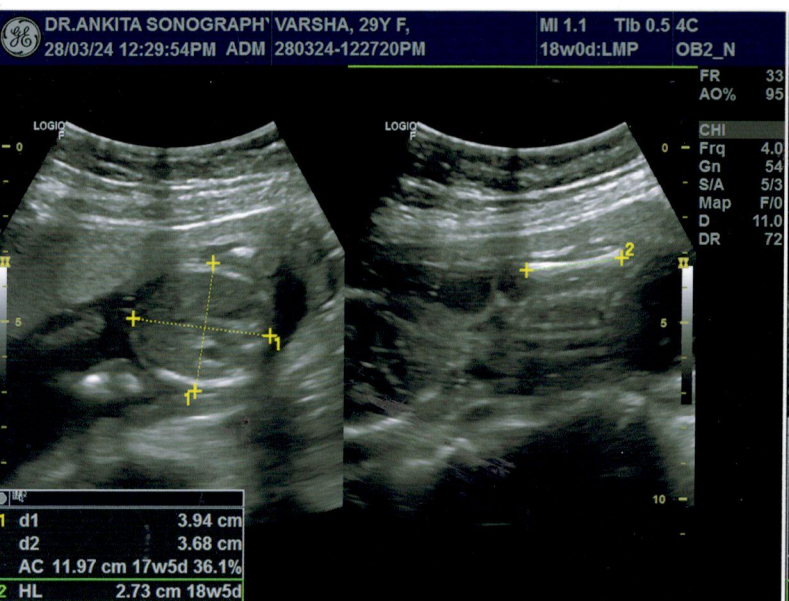
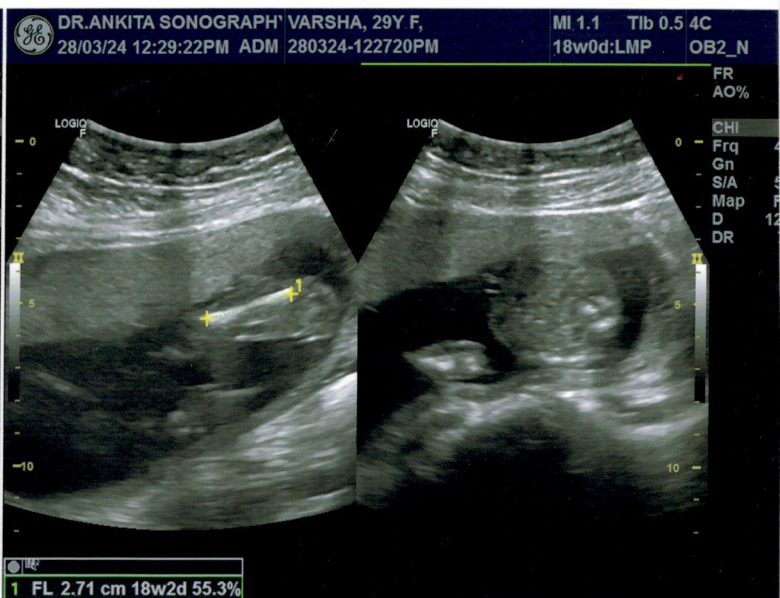
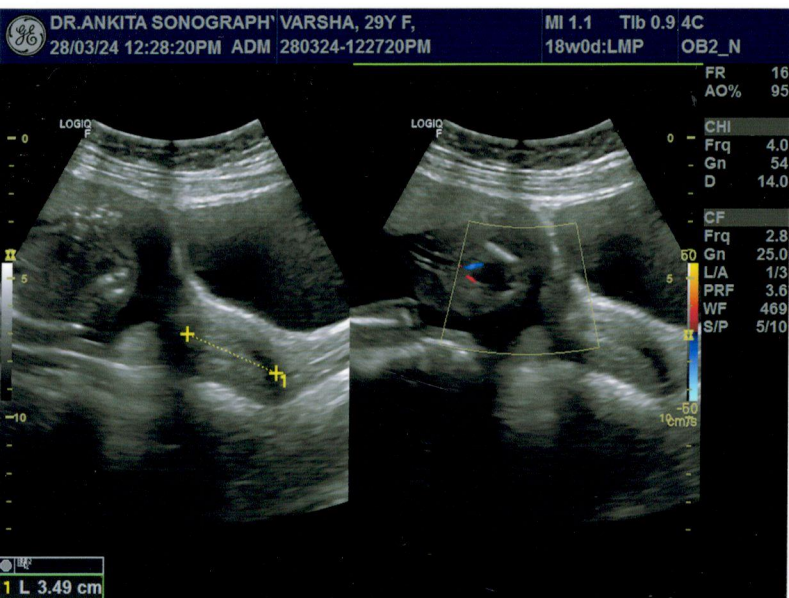
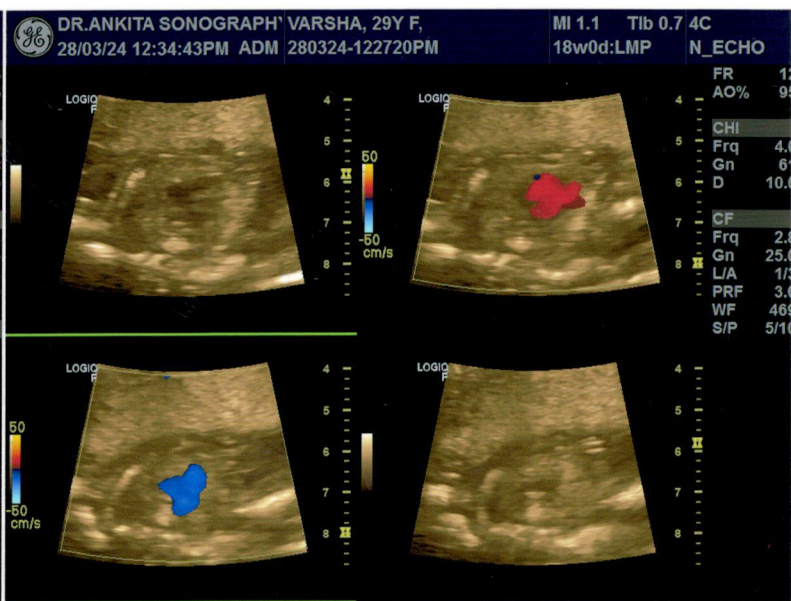
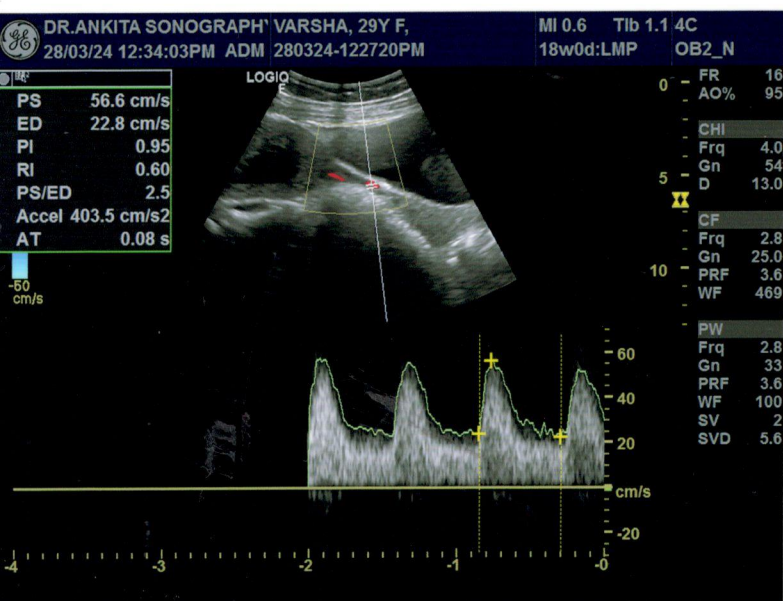
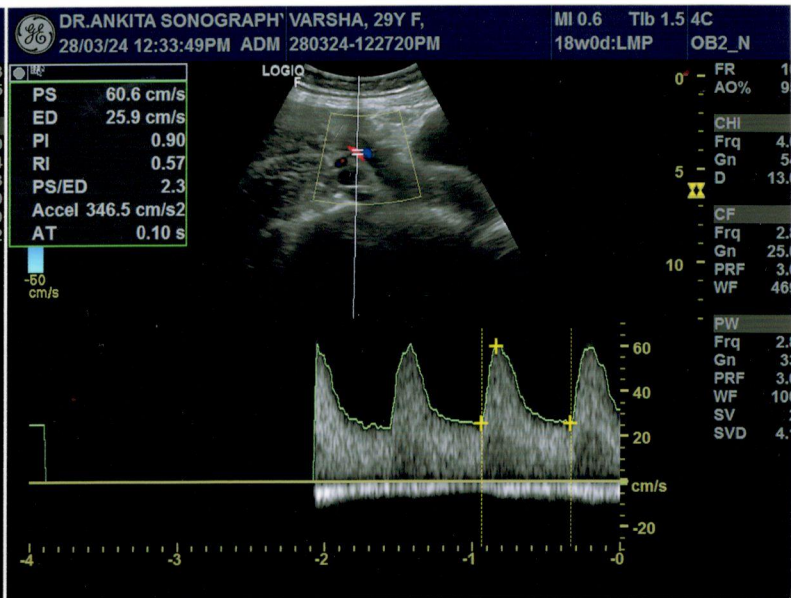






DR. ANKITA SONOGRAPHY VARSHA, 29Y F,
28/03/24 12:27:33PM ADM 280324-122720PM

18w0d:LMP

Origin	LMP	23/11/2023	BBT	GA	18w0d	EDD(LMP)	29/08/2024
Fetus A/1			CUA	18w0d+/- 1w2d		EDD(CUA)	29/08/2024
FetusPos			PLAC				

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B Mode Measurements			
BPD(Hadlock)	3.94 cm	3.94	Avg. 18w0d 16w6d-19w1d
TCDD(Hill)	1.82 cm	1.82	Avg. 18w0d 17w3d-18w4d
HC(Hadlock)	14.50 cm	14.50	Avg. 17w5d 16w4d-18w6d
OFD(HC)	5.11 cm	5.11	Avg. 17w5d 16w0d-19w2d
AC(Hadlock)	11.97 cm	11.97	Avg. 18w5d 16w0d-21w4d
HL(Jeanty)	2.73 cm	2.73	Avg. 18w2d 16w3d-20w0d
FL(Hadlock)	2.71 cm	2.71	Avg. 17w4d
BD(Jeanty)	2.73 cm	2.73	
NT	0.46 cm	0.46	
Va	0.63 cm	0.63	

2D Calculations			
EFW(AC,BPD,FL,HC) -Hadlock	216.52g+/-32.48g	(8oz+/-1oz)	
EFW(Hadlock)-GP	41.0%		
CI(Hadlock)	77.10 (70.00-86.00)	FL/AC(Hadlock)	22.68 (-)

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FMF Certified from

Fetal Medicine Foundation

Reg. No. MP-8932

PATIENT'S NAME : MRS. VARSHA PATIDAR

AGE/SEX : 29Y/ F

REF. BY : DR. GEETA SUKUMARAN

DATE : 28.03.2024

OBSTETRIC SONOGRAPHY WITH TARGETED FETAL SCAN

Sittings – 1

Total examination time – 35 Min.

LMP : 23.11.2023

GA (LMP) : 18 wk 0 d

EDD : 29.08.2024

Single live fetus seen in the intrauterine cavity in breech presentation.

Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 156 beats /min.

FETAL GROWTH PARAMETERS

BPD	39.4	mm	~	18	wks	0 days of gestation.
HC	145.0	mm	~	17	wks	5 days of gestation.
AC	119.7	mm	~	17	wks	5 days of gestation.
FL	27.1	mm	~	18	wks	2 days of gestation .
HL	27.3	mm	~	18	wks	5 days of gestation .
TCD	18.2	mm	~	18	wks	0 days of gestation.
BOD	27.3	mm	~	17	wks	4 days of gestation.
NF	4.6	mm	--	--	--	--
LV(atria)	6.3	mm	--	--	--	--

Quantity of liquor is adequate. Placenta is placed high anterior (grade I). Cervical length is normal 3.4 cms. Internal OS is closed at present. EDD by USG – 29.08.2024 . EFW – 216gm +/- 32 gm.

➤ Baseline screening of both uterine arteries was done & reveals mean PI of ~ 0.925 (WNL for gestation) .

IMPRESSION:

- ✚ Single, live, intrauterine fetus.
- ✚ Fetal size corresponds to 18 weeks 0 days +/- 1 week 2 days .
- ✚ Fetal gross morphology examination within normal limits.

P.T.O

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Head:

- Head appears normal in size and shape.
- Cerebral structure appears normal.
- Both Lateral ventricles appear normal. TD at atrium (LVA)measured 6.3 mm. Cavum Septum Pellucidum is seen.
- Cerebellum appears normal. Transverse cerebellar diameter (TCD) measures 18.2 mm .
- Cisterna Magana is Normal in size (4.4 mm) and shape.
- No SOL is seen.

Spine:

- Full length of the vertebral column is visualized in Sagittal, Coronal and transverse planes . Normal alignment of vertebrae was recorded . No obvious defect was visualized.

Neck:

- No cystic lesion is visible around the fetal neck.
- Nuchal skin fold thickness (NF) measured 4.6 mms.

Face:

- Fetal face was visualized in profile and coronal scans.
- Both eyeballs ,nose and lips appear normal.
- Nasal bone was well visualized.
- Pre-maxillary triangle appears intact.

Thorax:

- Normal cardiac situs and position.
- Four chambers view and outflow tracts view appear normal . *All cardiac anomalies are out of preview of this study , dedicated Echo is not done & may be suggested for the same .*
- Both lungs were visualized.
- No evidence of pleural or pericardial effusion.
- NO SOL seen in thorax.

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Abdomen :

- Anterior abdominal wall appears intact. Umbilical cord insertion was visualized.
- Normal abdominal situs.
- Fetal liver, gall bladder, stomach and bowel loops appear normal.
- No ascitis.

Urinary Tract :

- Both kidneys appear normal in size. No pelvicalyceal dilatation.
- Urinary bladder appears normal.

Limbs :

- All the four limbs are seen. The long bones appear normal for the period of gestation.
- Both the hands and feet appeared normal.

Umb. Cord :

- Cord appears normal and reveals two arteries and one vein.

(It must be noted that detailed fetal anatomy may not always be visible due to technical difficulties related to fetal position, amniotic fluid volume, fetal movements, maternal abdominal wall thickness & tissue ecogenicity. Therefore all fetal anomalies may not be detected at every examination. Patient has been counselled about the capabilities & limitations of this examination.)

(I Dr. Ankita Vijayvargiya, declare that while conducting Sonography I have neither detected nor disclosed the sex of the fetus to anybody in any manner.)

(DR. ANKITA VIJAYVARGIYA)