SUNITA DIAGNOSTIC CENTER

- Anomaly Scan (Level II) Obstetric Sonography
- Computerised Digital X-Ray
- Whole Body Colour Doppler & Sonography, USG Guided Interventional Procedures.
- 3D/4D Obstetric Scan

Name: Mrs. SONALI NAVNATH MANE
Study: Anomaly Scan
Sex: Female

Ref.By: Dr. DNYANESH SATPUTE, MBBS DGO DNB
Age: 29 Years
Date: 11-Apr-24

EARLY ANOMALY SCAN (2D)

LMP : 02-Dec-23 EDD : 07-Sep-24 GA by LMP-18 weeks 5 days
Single, live intrauterine gestation with fetus in changing position The fetus shows normal movements and cardiac activity. FHR = 151 bpm.**The placenta is seen on the anterior and is 2.8 cm from internal os**.grade I in maturity.
There is no evidence of placenta praevia or retroplacental hemorrhage.The amniotic fluid is adequate.
The internal os is closed. The cervical length is normal.

	Measurement	GA		
Biparietal Diameter	4.11 cm	18 weeks 2 days		
Head Circumference	14.94 cm	18 weeks 0 days		
Occipital-Frontal Diameter	5.23 cm	18 weeks 0 days		
Abdominal Circumference	12.59 cm	17 weeks 6 days		
Femur Length	2.48 cm	17 weeks 1 days		
Average Ultrasound Age	17 weeks 6 days	13-Sep-24		
Estimated Weight	215 g			
Artery	P.I.	R.I.	S/D	Diastolic notch
UMBLICAL ARTERY	1.24	0.73	3.72	
RIGHT UTERINE ARTERY	1.27	0.67	3.05	Absent
LEFT UTERINE ARTERY	1.44	0.72	3.59	Absent
MEAN PI	1.36			
BOD	2.67 cm	17 weeks 3 days		
IOD	0.94 cm			
CEREBELLUM	1.84 cm	18 weeks 1 days		
Cisterna Magna	4.08 mm			

Following fetal structures were visualized.

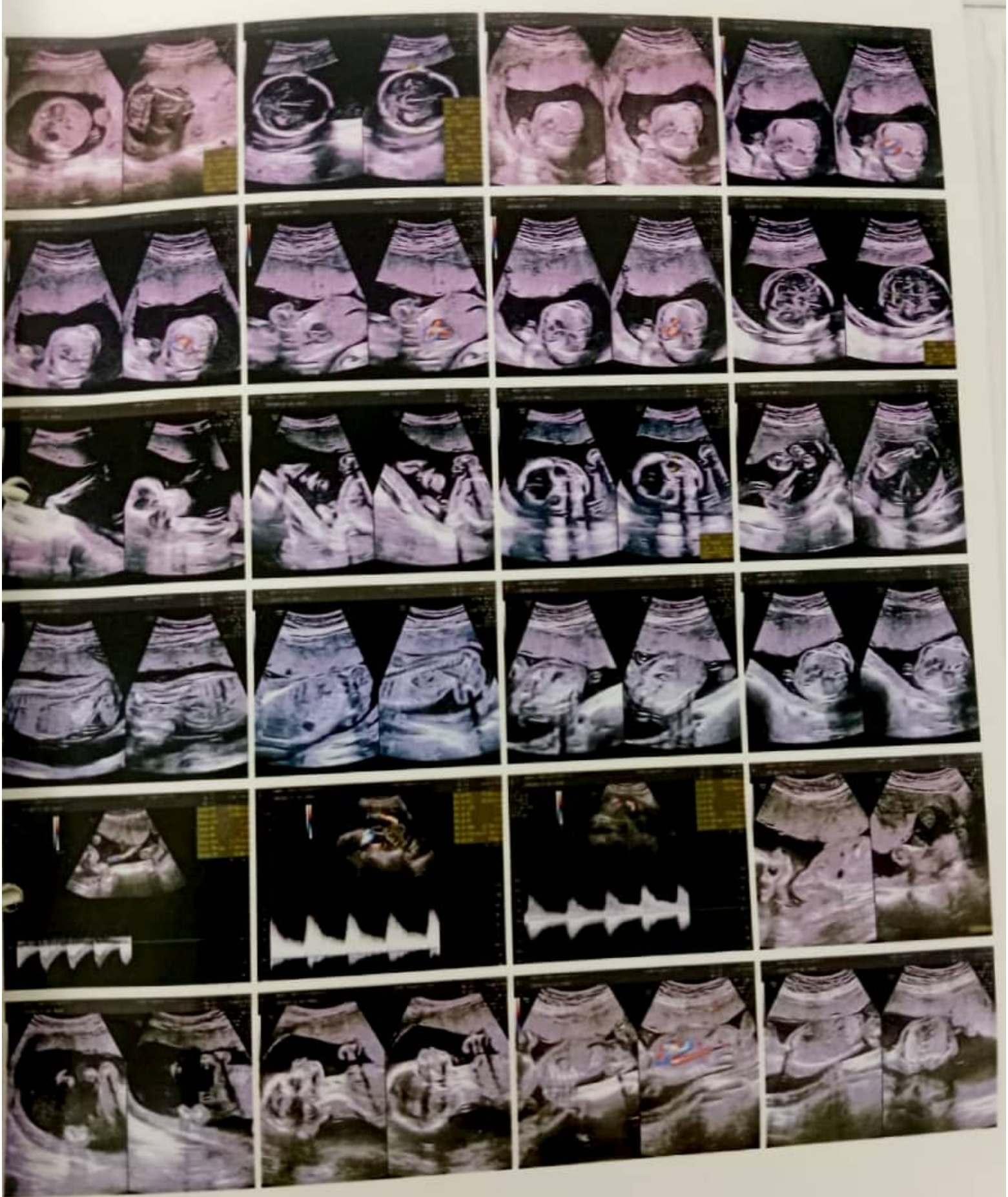
HEAD & NECK-Midline falx seen. Both lateral ventricles appeared normal- Atrium 4mm
No indentifiable intracranial lesion seen. No cystic lesion seen around the neck.

SPINE-Entire spine visualized in longitudinal and transverse axis. Vertebrae and spinal canal appeared normal.
No evidence of neural tube defect or protrusion seen.
FACE-Foetal face seen in the coronal and profile views.
Both orbits, nose and mouth appeared normal. No evidence of any facial cleft, isolated cleft palate is not always possible to visualize.
THORAX WITH FETAL HEART EXAMINATION-
The stomach bubble is on left side & apex of the heart points to left side suggestive of normal Situs.
Four chamber heart noted. Anatomical & morphological chambers are same. **Single echogenic focus seen in left ventricle.**
No obvious evidence of transposition of great vessels. Both lungs seen.
No evidence of pleural or pericardial effusion. No evidence of SOL in the thorax.
ABDOMEN-Abdominal situs appears normal. Stomach and bowel appeared normal.
Normal bowel pattern appropriated for the gestational age seen. No evidence of ascites. Abdominal wall intact.
KUB- Both. kidney and urinary bladder are normal.
LIMBS-All foetal long bones visualized and are normal for the period of gestation.
All the digits may not always be seen due to positional abnormalities.
UMBILICAL CORD-The umbilical cord is three vessel.

Note: USG has its own limitations & cannot detect all abnormalities. Dedicated fetal echo is not done in this scan. Some anomalies evolve as gestation advances. Detailed foetal anatomy may not always be visible due to technical difficulties related to foetal positions, amniotic fluid volume, foetal movements and abdominal wall thickness. Therefore, all foetal anomalies may not necessarily be detected at every examination. All parameters are subject to statistical variation. Certain congenital anomalies small ASD/ VSD, mental retardation, cutaneous lesions can not be diagnosed on USG. Assessment of small body parts like fingers ,toes and ears does not come within the scope of the targeted anomaly scan. Subtle anomalies like mid facial dysmorphism, clefts of posterior palate and anomalies that evolve towards late gestation may not be evident until after birth. Anal dimple is not seen at this stage so anal atresia cannot be completely ruled out. Some anomalies are not detected by sonography at all. Fetal echocardiography is suggested for detailed cardiac evaluation) (गर्भाची पोझिशन्स, ऍनिऑटिक द्रवपदार्थ व्हॉल्यूम, गर्भाची हालचाल आणि ऑटीपोट भिंत जाडी याच्याशी संबंधित तांत्रिक अडचणींमुळे तपशीलवार गर्भाची शरीररचना नेहमीच दृश्यमान होऊ शकत नाही. म्हणून, प्रत्येक परिक्षणाने सर्व भ्रूणात्मक त्रुटी तपासल्या जाऊ शकत नाहीत.) Pathological correlation essential to rule out chromosomal abnormalities

IMPRESSION: ***SINGLE, LIVE INTRAUTERINE PREGNANCY OF 17 weeks 6 days WITH EDD 17-Sep-24 (Assigned by CRL). FETAL BIOMETRY CORRESPONDS WITH GESTATIONAL AGE.***
Suggest ***FOLLOW UP SCAN AT 22 TO 24 WEEKS FOR FETAL ECHO AND EVOLVING ABNORMALITIES.***
Thanking you for the referral.
With regards.

Dr. Suhas Sambhaji Anantkawalas
MBBS, DMRE
Consultant Radiologist And Sonologist
9421351970



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