

② Mrs. Deepika Soni

Age - 35 y/f

Quadruple Marker

DOB — 12/11/1988

LMP — 11/12/2023

Height — "5" feet

Weight — 63 kg

श्री डायग्नोस्टिक सेन्टर

MIRACLE COMPLEX, BUS STAND, DURG (C.G.) PH. : 0788-4040925, Mob. : 6260752008

PATIENT NAME : MRS. DEEPIKA SONI
AGE & SEX : 35 Y/FEMALE
REF. BY : DR. MANASI GULATI
DATE : 29.04.2024
P. NO. : 182972
REPORT PREPARED BY: P.K. REENA

USG OBSTETRICS WITH ANOMALY SCAN

LMP: 12.12.2023.

- Single live intrauterine foetus with Changing Presentation is seen at the time of examination.
- Liquor is adequate in amount.
- Cervical length: 4.0 cm.
- Foetal movements are identified and foetal heart is positive.

Foetal Biometry :

Fetal Heart Rates :		141	B/Min. Regular.			
HC Measurements :	4.58	cm. Corresponds To :	19	Weeks	6	Days.
AC Measurements :	16.77	cm. Corresponds To :	19	Weeks	3	Days.
FL Measurements :	14.93	cm. Corresponds To :	20	Weeks	1	Days.
FT Measurements :	3.21	cm. Corresponds To :	20	Weeks	0	Days.
TH Measurements :	2.87	cm. Corresponds To :	20	Weeks	3	Days.
TL Measurements :	2.88	cm. Corresponds To :	20	Weeks	2	Days.
BL Measurements :	2.95	cm. Corresponds To :	19	Weeks	5	Days.
BA Measurements :	2.64	cm. Corresponds To :	19	Weeks	6	Days.
ML Measurements :	2.89	cm. Corresponds To :	20	Weeks	6	Days.
CT Measurements :	1.89	cm. Corresponds To :	18	Weeks	3	Days.
PL Measurements :	3.10	cm. Corresponds To :	20	Weeks	0	Days.
Estimated Gestational Age Is		19	Weeks	6	Days.	
Estimated Date Of Delivery By Ultrasound :			17.09.2024			
Estimated Date Of Delivery By LMP :			17.09.2024			
Estimated Fetal Weight Is		328	Gms. ±	48	Gms.	

Placenta: Fundal posterior, Grade-I.

Ductus venosus reveals normal flow & spectral waveform.

Left uterine artery show normal wave form and PI (1.05).

Marginally raised right uterine artery PI (1.53) with early diastolic notching. Mean PI (1.29) is normal.

EXTREMITIES:

All four limbs present with no gross abnormality.

HEAD:

Nuchal fold thickness is 4.8 mm.

Mid line falx is well seen. Both lateral ventricles are normal in size. The posterior fossa appears normal. The cerebellum is normal.
(P.T.O.)

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FETAL SPINE:

- Entire spine is visualized in longitudinal and transverse axis.
- The vertebrae and spinal canal appear normal.

FACE:

- Nasal bone length is 5.4 mm. Nasal bone/ PNT more than 1.
- Orbits, nose and mouth appear normal.

THORAX:

- The heart appears in normal cardiac situs.
- The four chamber view is normal. Fetal echo not done.
- Both lungs are well seen.
- No evidence of diaphragmatic hernia is seen.
- No evidence of pleural or pericardial effusion.

ABDOMEN:

- Abdominal situs appears normal.
- Prominent bilateral fetal renal pelvicalyceal system (AP diameter 3.8 mm on right side & 4.1 mm on left side) is soft marker for trisomy -Needs quadruple marker correlation.
- Stomach and urinary bladder are normal.
- The gall bladder is well seen.
- No evidence of ascites. No abdominal wall defect.

IMPRESSION:

- Single live intrauterine foetus with Changing presentation is seen at the time of examination, which corresponds, to gestational age 19 Weeks, 6 Days.
EDD- 17.09.2024 +/- 10 Days.
- Marginally raised right uterine artery PI (1.53) with early diastolic notching. Mean PI (1.29) is normal.
- Prominent bilateral fetal renal pelvicalyceal system (AP diameter 3.8 mm on right side & 4.1 mm on left side) is soft marker for trisomy -Needs quadruple marker correlation.
- No other obvious congenital anomaly detected.

Fetal echo is advised for dedicated evaluation of fetal heart (22-24 weeks).
Suggest clinical & Quadruple markers correlation.

Disclaimer:

Please note that USG study has certain limitations. Sometimes fetal anomalies may Not get diagnosed due to nature of anomaly, Gestational age, foetal positioning and limitations of machine thence absence of mention of foetal anomaly in study does not always rule out its possibility (Fetal echo is not included in this scan)

Declaration:

I declare that while conducting Ultrasonography/ Image, Scanning on patient.
I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

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