

122 Mrs. Amber Spangler 22 yr Old
D.O.B - 16/09/1995
WT - 60.1 kg
HGT - 5.2 mtr
LBB - 133

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Name:-MRS ANKITA SHRIVASTAVA	Ref by:- DR POOJA SHRIVASTAVA
Age /sex:- 28 Y/F	Date:- 18/05/2024

USG OBSTETRICS (TARGET)

LMP—01/01/2024	Clinical GA- 19weeks 5days	EDD by LMP-07/10/2024
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A Single live intrauterine fetus is seen with variable position presently GA by USG 19weeks 4days. Fetal heart rate is 150beats/min, regular.

BPD	44mm	GA 19weeks 2days
HC	164mm	GA 19weeks 1day
AC	137mm	GA 19weeks 1day
FL	30mm	GA 19weeks 3days
HL	29mm	GA 19weeks 5days
UL	27mm	GA 20weeks 1day
TL	26mm	GA 19weeks 4days
FT	31mm	GA 19weeks 3days

Placenta is FUNDOPosterior, grade 1. Not low lying.

Liquor is adequate.

EDD by present USG—08/10/2024.

EFW—282gms

Internal Os and cervical canal are closed.

Cervical Length—3.6cm.

Right ovary shows an anechoic cyst of 25x24mm. Left ovary is normal.

ARE
SONOGRAPHY & DOPPLER CLINIC

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TARGET SCAN

Fetal spine is traced normally in longitudinal and transverse axis. Vertebrae and spinal canal appear normal. No e/o spina bifida or meningocele.

Fetal brain is normal with midline falx, choroid plexus, both thalami, cerebellum-19.9mm and cavum septum pellucidum seen normally. Cisternamagna-4.8mm. Nuchal fold thickness is 4.1mm. Ventricles and brain stem are normal. Lateral ventricle—6.7mm.

Fetal abdomen—abdominal situs is normal, Stomach bubble, GB, both kidneys, urinary bladder, bowel loops, cord insertion and liver are normal. No e/o omphalocele. No ascites.

Fetal chest and abdominal walls are normal. Both lungs and diaphragms are normal. no e/o pleural or pericardial effusion.

Extended cardiac screening. Cardiac situs, 4- Chamber, 3VV, 3VT, LVOT, RVOT, aortic and ductal arches and bicaval views are normal. Four chambered heart with its connections, ventricular outlets, crossing over, 3 vessel cord seen normally.

DV shows normal flow with positive a wave.

Fetal upper and lower limbs are normal. No e/o CTEV. All long bones, clavicles, scapulae and pelvic bones seen normally. Fetal hands and feet appear grossly normal.

Fetal orbits with outer to outer and inner to inner diameters are normal, retroranal triangle, palate and mandible are normal.

Fetal face with retroranal triangle, nasal bone-(6.0mm), nostrils and lips seen normally.

SONOGRAPHY & DOPPLER CLINIC

Dr. Renuka V. Garg

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Radiologist
FM Society of Fetal Medicine India
MHRC Bhopal
Patient Name: Bhopal
Name: MRS ANKITA SHRIVASTAVA
Ref No.: M-13638
Age / sex:- 28 Y/F

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Ref by:- DR POOJA SHRIVASTAVA
Date:- 18/05/2024

Uterine arteries	PI	Notch	Percentile
Right	0.9	Absent	
left	1.8	Present	
Mean	1.3		
DV	0.5	positive 'a' wave	79 th
Umbilical arteries	1.1		

- IMP: - A Single live intrauterine fetus is seen with variable position, presently GA by USG 19weeks 4days.
- Gestational age assigned as per LMP.
- No obvious ultrasonographically detected structural abnormality seen at present scan.

ADV: - Clinical correlation, fetal echo at 22-24weeks and follow up scan at 26 to 28weeks to rule out late onset anomalies.

DISCLAIMER

All anomalies cannot be detected by sonography. A normal ultrasound does not guarantee a normal baby.

Many anomalies are detected late in gestation- like skeletal dysplasia- achondroplasia which manifest after 28 weeks and few anomalies are difficult to see-like anomalies of external and internal ear, isolated posterior cleft palate, anomalies, malrotation, anorectal malformation, small ASD, VSD, PAPVC, aortic coarctation, PDA. Certain anomalies of digits like syndactyly (joined fingers) and resorption of phalanges and anomalies of genitals are not detected. All measurements including estimated fetal weight are subject to statistical variations. I Dr Renuka V Garg declare that while doing ultrasound of this patient MRS ANKITA SHRIVASTAVA, I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

Dr Renuka Garg