

**DR. DHANDE DIGITAL X-RAY 4D COLOR
DOPPLER AND SONOGRAPHY CLINIC
KELKARWADI, ARVI ROAD, WARDHA**

Dr. Mrs. Rajasbala P. Dhande
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244245 (C)
240836 (R)

NAME : MRS. SHITAL THAKARE

AGE : 30 YEARS

REF BY : DR. KANCHAN GHUSE KELWADE MADAM

DATE : 25 / 5 / 2024

OBSTETRIC ULTRASOUND EXAMINATION

Transabdominal + Transvaginal

L M P : 26 / 2 / 2024
GESTATIONAL AGE BY L M P : 12 weeks & 5 Days .
NO OF FETUSES : Single
CARDIAC ACTIVITY : Present HR = 156 B/m.
FETAL MOVEMENTS : Normal FL/AC = 15 %
BIPARIETAL DIAMETER : 2.2 cm , corresponding to 13 weeks & 5 Days .
HEAD CIRCUMFERENCE : 8.6 cm, corresponding to 13 weeks & 6 Days.
ABDOMINAL CIRCUMFERENCE : 6.9 cm , corresponding to 13 weeks & 4 Days.
FEMORAL LENGTH : 1.0 cm, corresponding to 13 weeks & 1 Day.
CROWN RUMP LENGTH : 6.7 cm , corresponding to 13 weeks & 1 Day .
AVERAGE PERIOD GESTATION : 13 weeks & 2 Days . EDD = 28 / 11 / 2024
AMNIOTIC FLUID : Less than average
PLACENTAL GRADE : Zero.
PLACENTAL LOCATION : Fundo anterior
COMMENTS : Single viable intrauterine pregnancy with average gestational age of 13 weeks & 2 days . Placenta is fundo anterior and shows grade zero maturity. Liquor is less than average for the period of gestation. Fetal weight = 75 Gms.
• Nuchal translucency measures 1.3 mm and appears normal. Nasal bone visualised.
• Ductus venosus shows normal flow.
• Fetal stomach and Urinary bladder visualised.
• Umbilical cord shows three vessels.
• Cervix is 4 cm in length and appears normal . Os is closed .
• Advice follow up at 20 weeks to rule out congenital anomaly.

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	<u>S/D RATIO</u>	<u>PI</u>
Right uterine artery	3.8	1.6
Left uterine artery	2.1	0.8

Right uterine artery shows pre-diastolic notch with high resistance flow

DECLARATION OF DOCTOR / PERSON CONDUCTING ULTRASONOGRAPHY / IMAGE SCANNING

Dr. Mrs. Rajasbala P. Dhande

(Name of the person conducting ultrasonography / image scanning) declare that while conducting ultrasonography / image on Ms. Mrs. Shital Prabhakar Thakare name of the pregnant woman)

I have neither detected nor disclosed the sex of her foetus to any body in any manner.

Dr. Mrs. Rajasbala P. Dhande
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Dr. Dhande Digital Imaging
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INVIEW OF PREGNANCY SONOGRAPHY; PLEASE NOTE :

This report is not a final conclusive diagnosis.

All anomalies cannot be ruled out by this or single or multiple sonography scan.

Assessment of fetal anomalies depends on fetal presentation patient's built, mother's abdominal wall thickness, fetal position, liquor volume, limbs-painface attitude, period of gestation with available organogenesis at that time & fetal movements during scanning study.

Minor surface anomalies or single isolated anomaly such as foot, palm, extremities, eye & face disfigurement may be missed by this single study or even by repeated scanning.

THIS PAPER CAN NOT BE USED FOR MEDICO-LEGAL PURPOSE

This investigation has been done as per advice of referring doctor.

Sonography is operator dependent & facilities in machine dependent technique, findings may vary with other machine & its operator Images cast by X-Ray as well as ultrasound depend on various shadows produced by both abnormal & normal structures. Shadows of many diseases can look alike, hence many limitations in interpretation of shadows.

This report is meant to assist referring doctor to have an idea of disease process if any this report is to be correlated clinically & with other laboratory investigations. The report indicates only one of the various possibilities which is to be confirmed with further investigations as required.