



Patients Name : Mrs. Laxmi Katre
Age : 25 Years / F
Referred by : Dr. Priyanka Yesankar
Date : 06 / June /2024
Examination : USG – Obstetric Anomaly Scan

OBSERVATION:

- #> LMP : 13/01/2024 (20 weeks, 5 days).
- #> Single live intra-uterine fetus with , changing lie , presently cephalic presentation.
- #> Fetal body movements & cardiac activity appears normal. FHR - 154 BPM.

#> **FOETAL BIOMETRY:-**

	mm	Weeks	Days
BPD	47	20	1
HC	174	20	0
AC	141	19	3
FL	32	20	0
AGA		19	6

	mm
TCD	20.4
Lateral ventricle	5.1
Cisterna magna	4.9
Nuchal skin fold thickness	1.8
Inter-ocular distance	11.3
Bi-ocular dist	33.3

- #> **GA by USG – 19 weeks 6 days**
- #> **Fetal weight - 311 gms \pm 45 gms.**
- #> **EDD is assigned as per LMP - 19/10/2024**
- #> Placenta is posterior , grade I maturity. Cord is normal and three vesseled.
- #> Liquor is adequate for the period of gestational age.
- #> Cervix appears normal in length, measuring 3.5 cm. Internal os closed.

#> **Anatomical survey:**

FETAL BRAIN:

Fetal cranial vault appears normal in size, shape & shows normal Echogenicity.
B/L thalami appear normal. Ventricular system appears normal.
CSP appears normal. B/L Choroid Plexus appears normal.
Post-Fossa structure appears normal. Cisterna magna appears normal.
Visualized brain parenchyma appears normal in echoes. No focal lesion seen.

FETAL FACE:

Nasal bone appears normal. Bony orbits appear normal.
Nose & lip appears normal.



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FETAL HEART:

Heart appears normal in situs.

Four chamber view appears normal.

Inter-ventricular septum appears intact on grey scale.

LVOT & RVOT appears normal, crossing over visualized.

3VV is normal. No e/o pericardial effusion noted.

FETAL CHEST:

Both lungs appear normal in echoes. No gross lesion seen.

No e/o plural effusion. Both diaphragms appear intact.

FETAL ABDOMEN:

Stomach bubble appears normal. No obvious bowel loop dilatation seen.

Both kidneys appear normal.

Fetal urinary bladder appears normally distended.

No solid / cystic lesion seen in fetal abdomen.

FETAL SPINE:

Neck & CV junction appears normal.

Spine can be visualized in all the three planes in visualized portion & appears normal.

FETAL LIMBS:

Long bones of all four limbs appear normal in length, shape & density.

Both hand & foot are visualized & appears normal.

UTERINE ARTERY DOPPLER :

	Right Uterine Artery	Left Uterine Artery	Mean
P.I. Values	1.0	1.2	1.1-55 th Percentile-(Normal)

IMPRESSION:

A single live intrauterine fetus of sonic gestational age of 19 weeks 6 days with changing lie , presently , breech presentation, posterior placenta and adequate liquor.
Fetus is growing appropriate for gestation , EDD assigned as per LMP-19/10/2024
Effective fetal weight - 311 gms.

Suggested fetal echo between 22 to 24 weeks and follow up scan for evolving anomalies.

I declare that while undergoing ultrasonography/image scanning on this patient, I neither detected nor disclosed the sex of fetus to anybody in any manner.

Disclaimer- This investigation has been done as per request of the referring doctor. Science of ultrasound, Ultrasonography machine and probe all have their own limitations. Even the most sophisticated USG machine can make error in interpreting echoes and has limitations in diagnosing lesions. Diagnosis of ultrasonography is based on various echoes and shadows produced by both normal and abnormal tissues. Variety of disease process may produce similar echopattern or shadows. Disparity in final diagnosis can occur due to technical pitfalls like False positive and False Negative results. Hence, only the report should not be taken as final diagnosis but should be correlated clinically with/or other investigations. In case of disparity between report and clinical evaluation, second opinion is always advisable before commencing final treatment. 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 and maternal abdominal wall thickness. Not all fetal anomalies can be detected at every examination. Ear and digits examination is not a routine part of this exam. All measurements are subject to statistical variations. Only basic evaluation of heart is done in this study. Few cardiac anomalies are evolving and may not be present in earlier examination and may be seen in late pregnancy/follow up scans /in neonatal period, ex. Coarctation of aorta, Hypoplastic left and right heart syndrome, Ebsteins anomaly, Atrial septal defect, Ventricular septal defect, Partial anomalous pulmonary venous connections etc. This scan does not include fetal ECHO. Fetal Echo is a dedicated study to be done separately around 24 weeks when visualization of heart is better. If no abnormalities are found on scan, this is not a guarantee of a healthy child.

MBBS, DMRD, DNB

Reg. No. - MMC 2014/03/0476

Disclaimer : Patient's identity based on his declaration. Report not valid for medico-legal purpose. Different diseases may produce similar appearance hence to be correlated clinically. Radiological measurements may have variations due to technical reasons. The reported findings and impression are for information and for interpretation of the referring doctor only. Should the results indicate an unexpected abnormality, the same should be reconfirmed. Neither Sunshine Advanced Imaging Centre nor its employees / representatives assume any liability, responsibility for any loss or damage that may be incurred by any person as a result of presuming the meanings or contents of the report. All fetal congenital may not be visualized on ultrasound. This report is subject to the jurisdiction of the courts at Nagpur only.
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