Veda Diagnostic Centre

वेदा

DIAGNOSTIC CENTRE

Diagnosis with Care and Precision

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X-41, Shop No. B- 5,6,7 & 8, Baheti landmark, below Nimai Hospital
Maharana Pratap chouk, Bajajnagar Aurangabad – 431136.

96 slice Advanced Siemens CT Scanner | Philips Ultrasonography with 3D/4D and Colour Doppler | Allengers High Frequency Digital Radiology (DR) X-RAY

Patient ID:	**24060425**	**Patient Name:**	**MRS. POOJA DHAKEFALE**
Age:	**24 y**	**Gender:**	**F**
Study Date:	**04-Jun-2024**	**Ref. Physician:**	**Dr. POOJA KHILLARE MADAM**

MP: 01/03/2024	**GA by LMP: 13 wks. 4 Day**	**EDD BY LMP – 06/12/2024**

LEVEL I ANOMALY SCAN (11 - 13+6 Weeks SCAN) / NT - NB SCAN

Route: Transabdominal, **Technical condition: Suboptimal evaluation due to poor penetration.**

FINDINGS:

- Single live intra-uterine foetus.
- Foetal cardiac activity / movements noted.
- Placenta- Forming Anterior, away from internal OS.
- No sub-chorionic hematoma noted.
- **Cervical length measures - 3.9 cm.** Internal OS closed.

SCREENING FOR FOETAL STRUCTURAL ANOMALIES			
HEAD	Calvarium + , Midline Falx +, Choroid Plexus Filled Ventricles +.	**CHEST**	Symmetrical , no effusion
NECK	No Cystic Lesion	**HEART**	Four chambers + Tiny echogenic intracardiac focus noted in left ventricle.
FACE	Nasal Bone hypoplastic.	**ABDOMEN**	Stomach and bladder bubble
SPINE	Vertebrae , Intact skin +	**ABDOMINAL WALL**	cord insertion – no umbilical defect
EXTREMITIES	Four limbs with three segments +		

Preliminary assessment of the foetal anatomy has not detected the presence of any major structural anomalies.

FETAL BIOMETRY	
CRL	**74.90 mm**
Average **GA** by **USG**	**13 Weeks 5 days.**
EDD by **USG**	**05/12/2024.**
Fetal Heart Rate (bpm)	**155 bpm**

ANEUPLOIDY MARKERS	
Nasal Bone	**Ossified**
Nuchal translucency	**2.1 mm**
Ductus Venosus	**Normal waveform**
Tricuspid Regurgitation	**Absent**

ANEUPLOIDY RISK ASSESSMENT		
Aneuploidy	**Risk from history**	**Risk from History, NT, and FHR**
Trisomy 21	909	3333
Trisomy 18	2500	10000
Trisomy 13	10000	10000

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PREECLAMPSIA RISK ASSESSMENT

Right uterine artery PI	1.68
Left uterine artery PI	2.31
Mean uterine artery PI	1.99 (85 th Percentile).
Mean arterial BP	77 mmHg
Preeclampsia risk from history only: < 37 weeks:	1 -185
Preeclampsia risk from history plus MAP / Uterine artery PI: < 37 weeks:	1 -323

IMPRESSION:

- Single live intra uterine foetus.
- **Assigned GA & EDD as per LMP : 13 weeks 4 days and 06/12/2024.**
- Preeclampsia Risk Assessment : Low risk of developing preeclampsia.
- Tiny echogenic intracardiac focus in left ventricle and hypoplastic Nasal bone as described - **suggest double marker and NIPT.**
- Nuchal Translucency is – 2.1 mm (64 centile) for given CRL (within normal limits).

Suggest Anomaly scan at 19-20 weeks.

Declaration: - I, **Dr. Shriram Mate** have neither detected, nor disclosed the sex of the fetus to the patient or relatives in any manner.

Note: - These reports are for assisting doctors/physicians in their treatment and not for medio-legal purposes. This report is an only professional opinion based on real time image findings and not a diagnosis by itself, it must be correlated and interpreted with clinical and other investigation findings. Not all the congenital anomalies can be detected sonographically. Normal ultrasound is not a guarantee of a normal child, many conditions are missed on ultrasound. Due dates by ultrasound are not that exact. All measurement are based on flat image of 3d foetus. Accuracy 1st trimester - one week, 2nd trimester- 2 weeks, 3rd trimester- 3 weeks. Sonographic estimates are no more accurate than clinical estimates of foetal weight. In spite of utmost care taken, all measurements including foetal weight are subject to statistical variation. Also, not all anomalies are accurately detected on USG at every examination due to fetal mobility and frequent positional change, nature of anomaly, gestational age, limitations of study. Advised to be reviewed/ repeat scan SOS, if and when required as USG findings along with the course of the disease.

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