Usha Visit

P

Mobile No. : 9859614915, 8812907501

R. E. HOSPITAL

Opp. Ghungoor Police Out Post, Silchar - 14, Call us at : 03842-224657

Dr. A.B. Fuzayel Ahmed
MBBS, M.D. (O&G), DIALOG (RCOG), FIAOG
Assistant Professor
Life Member of IAGE, ISAR & IMA
HYSTERO-LAPAROSCOPIST
DIPLOMA IN ENDOSCOPY (GERMANY)
TRAINED IN HYSTEROSCOPY (MUMBAI)
Regd. No. 17639

(B+ve) 146+40.6
GFGR
LFG

Saiti Rani Das Date : 30/4/24
33 Y

P M/F 4 yrs
LMP 25/1/24

℞

Patient 14 wk of Preg for ANC (54)

Advice : (G+R)

- ~~ABO, RH~~
- ~~HB%~~, RBS
- VDRL, HBsAg
- ANTI HCV
- ARV ANTIBODY I & II
- FT3, FT4, TSH
- URE & C/S
- LFT
- KFT, ~~Creatinine~~
- ECG, X-Ray Chest (P/A)
- USG
- W/A –
- Pelvis – → Anomaly Scan → Quadruple Marker (15/06/2024)

Tab Doxinyg — (10)
OD — At bed time

Tab Noviron — (30)
OD — after food

Tab Calcium — (30)
OD — after food

Cap Coolant 40 — (30)
OD — on empty BBF

Powder PROTEIN — ( )
as advised

BIOH GLOW GEL — ( )
E/A

Tab Thyrolac 25 — ( )
OD — on empty BBF

EMERGENCY CONTACT NO.: 9706193504

13/06/2024

Of 20 [illegible] for [illegible]

(i) [illegible] Darmyyan —

(ii) [illegible] Novivan —

(iii) [illegible] Calcium[illegible] —

(iv) [illegible] Csokal 40 —

(v) Pruch[illegible] AREICO —

} to customers

(vi) [illegible] Eup Ecoflora —— (20)

— 0 after [illegible]

Of Quadruple MORORKER

Spandan
Diagnostic Centre
Assuring a Healthy Life

Report

Name: - MRS.SRITI RANI DAS

DATE: 12.06.2024

Age: - 33YRS

Sex: -FEMALE

Ref by: - DR. A.B. FUZAYEL AHMED

USG Gravid uterus with anomaly scan

Thanking you for referring the patient for us examination

Scan Mode: Trans abdominal Scan **Nature of scan: OBSTETRIC ULTRASOUND SCAN (Anatomy Scan)**

EDD by USG: 02.11.2024

Foetus : Intrauterine single live foetus of about 19weeks 4 days maturity is seen in changing lie, at present scan.

FOETAL PARAMETERS:

Foetal parameter	Measurement (cm)	Corresponding GA	
		weeks	Days
BIPARIETAL DIAMETER	4.44	19	3
HEAD CIRCUMFERENCE	16.88	19	4
ABDOMINAL CIRCUMFERENCE	15.39	20	4
FEMUR LENGTH	2.88	18	6
TIBIA LENGTH	2.59	19	5
HUMERUS LENGTH	2.87	18	6
ULNA LENGTH	2.85	20	4
RADIUS LENGTH	2.55		
FIBULA LENGTH	2.47		

Approximate foetal weight : **314g. +/- 48g.**

Foetal Heart rate : **153BPM**

Placenta : Fundobody-anterior .Grade -I. No mass present. Accessory lobe- nil

Amniotic fluid : Internal OS is closed.
Adequate. Largest liquor pocket measure 47.9**mm**. in vertical axis.

Head : Intact cranium.
Cavum septi pellucidum -Present (measure **4.1mm**)
HEM - 21.9 mm
Midline falx -Present
Thalami -Present
Cerebral ventricles. Lateral ventricle measure **5.7mm**.
Cerebellum appears normal (measure18.9 **mm**).
Cisterna magna width measures **4.3mm**.
Both orbits present. **OOD: 30mm, IOD: 9.3mm.**

Face : Median facial profile- normal appearance.
Mouth present.
Upper lip intact.
Nasal bone present(6.8mm).

P.T.O.

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Neck : Absence of masses (e. g. cystic hygroma).
Nuchal fold thickness measures **2.9mm**.

Chest/Heart	:	Normal appearing shape / size of chest and lungs. Heart activity present. Four- chamber view of heart in normal position. Aortic and pulmonary outflow tracts- visualized. No evidence of diaphragmatic hernia.
Abdominal	:	Stomach in normal position. Bowel not dilated. Both kidneys present. Cord insertion site – normal. The Doppler study of the Ductus Venosus in this antenatal ultrasound scan is normal. The triphasic waveform is present with a positive A wave.
Skeletal	:	No spinal defects or masses (transverse and sagittal views). Arms and hands present, normal relationships. Legs and feet present, normal relationships.
Umbilical cord	:	Three- vessel cord.
Length of cervical canal	:	**41.8mm**.

ANOMALY SCAN :

Report summary : **Intrauterine single live foetus of about 19weeks 4days maturity is seen in changing lie, at present scan.**

- **Foetal anomaly scan within normal limits.**

Finding of today's scan explained to the prospective parties. They understand limitation of this screening test especially in detecting cardiac abnormalities. Please note fetal echocardiography is a different study. For detailed foetal cardiac evaluation, foetal echocardiography is recommended.
Another ultrasound scan is recommended for foetal growth and placental localization at 32-34 weeks gestation or earlier if clinically indicated.

Explained that
Ultrasound scanning cannot detect all fetal anomalies. Even through this scan has been performed as per current international guidelines for fetal imaging. Certain anomalies may go undetected due to technical limitation, maternal body habitus. Unfavorable fetal position or abnormal amount of amniotic fluid. Overall detection rate or major congenital abnormalities in antenatal understood is about 70% some congenital abnormalities are seen by USG only in 3rd trimester. thus, not detectable at 18-24 weeks scan. Antenatal Ultrasonography is a screening test for structural abnormalities. It does not confirm or exclude chromosomal problems in the foetus. Assessment of small body parts like fingers, toes and ears does not come within the scope of the targeted anomaly scan, subtle anomalies like mild facial dimorphisms, cleft of the posterior palate or small cardiac septal defects and anomalies that evolve towards later gestation may not be evident until after birth. All cases of tracheoesophageal fistula and imperforate anus are difficult to detect o prenatal scan considering its pitfalls in presentation.
I declare that while conducting Ultrasonography. I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Dr. Amrik Barman. MD.
Radiodiagnosis.

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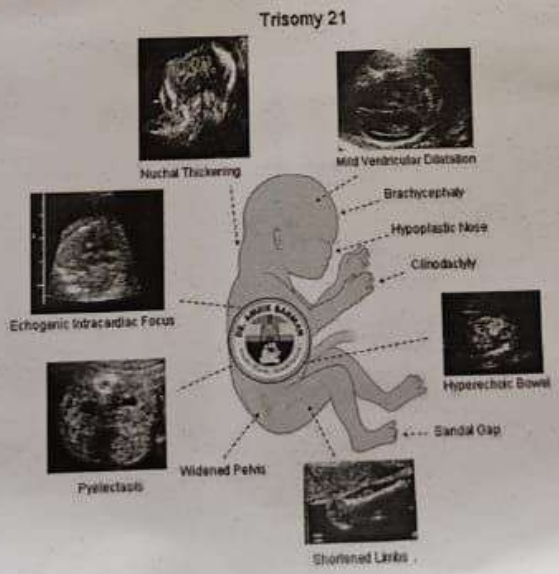
Calculation of Age Adjusted Ultrasound Risk Assessment	
Mid trimester apriori risk of Down Syndrome is	1 in 441
Nuchal fold Thickened soft tissue at the fetal occiput (abnormal if >= 6 mm between 15 to 20 weeks)	Absent
Hyperechoic bowel (Bowel echogenicity comparable to bone)	Absent
Short humerus (Measured to Expected Humeral Length is < 0.9 Expected Humeral Length = -7.9404 + 0.8492 * BPD)	Absent
Short femur (Measured to Expected Femur Length is <= 0.91 Expected Femur Length = -9.3105 + 0.9028 * BPD)	Absent
Echogenic intracardiac focus (Discrete echogenic spot as bright as bone)	Absent
Pyelectasis (Anterior posterior dimension of the renal pelvis >= 4 mm)	Absent
Total post-ultrasound likelihood ratio	1
Patient-specific risk for Down syndrome posterior probability	1 in 441

Trisomy 21



FACILITIES

- 96 Slice CT Scan
- Sonography
- Endoscopy
- Digital X-Ray
- Computerised Laboratory
- EEG ■ NCS ■ ECG

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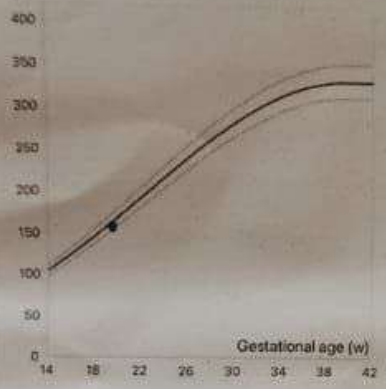
Report

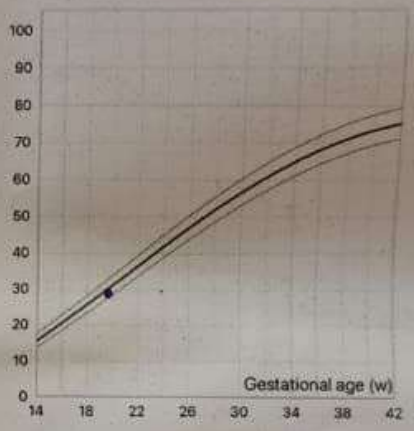
Head circumference (mm)

— median
— 10th and 90th centiles



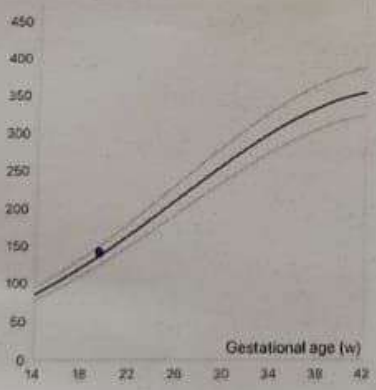
Femur length (mm)

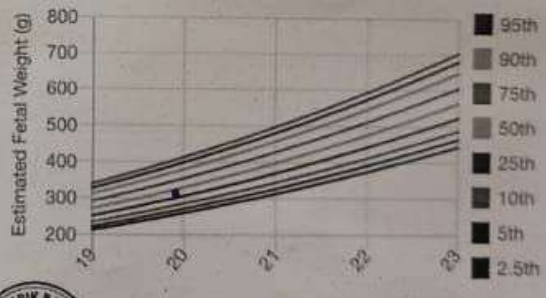
— median
— 10th and 90th centiles



Abdominal circumference (mm)

— median
— 10th and 90th centiles





DR. AMRIK BARMAN

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