

निदान

सोनोग्राफी व डायग्नोस्टिक सेंटर

वानखेडे कॉम्प्लेक्स, शॉप नं. १०, बुलडाणा अर्बन बैंकेजवळ, महाराष्ट्र, जि. बुलडाणा. मो. ७७२०९७९७५६

- 4D Sonography
- High Resolution Colour Doppler
- Digital X-Ray



PATIENT NAME	:	DR. SHUBHANGI BAJAD	AGE/SEX	:	32 YRS / FEMALE
REF. BY DR.	:	SHUBHANGI BAJAD MADAM	DATE	:	13.06.2024

USG OBSTETRIC (ANOMALY SCAN)

LMP: 14.01.2024

GA (by LMP): 21 Weeks 4 Days

EDD (by LMP): 20.1.2024

Indications: Detection of chromosomal abnormalities, fetal structural defects and other abnormalities and their follow-up.

Method: Real time B-mode Trans-abdominal Ultrasonography of gravid uterus done.

- Single live intrauterine fetus with **Variable presentation** is seen at the time of examination.
- The cardiac pulsations and fetal movements are well seen. **FHR - 146 Bpm.**
- Placenta: Anterior, Grade I maturity.** Not low lying.
- Umbilical cord is three vessels and normal.
- Liquor is adequate in amount.
- Cervical length measures **4.3 cms.** Internal os is closed.
- The fetal biometry is as follows:**

Fetal parameter	Measurement in cm	Corresponding weeks & days
Biparietal diameter (BPD)	5.2 cm	21 weeks 6 days
Head circumference (HC)	20.0 cm	22 weeks 1 day
Abdominal circumference (AC)	16.8 cm	21 weeks 6 days
Femur length (FL)	3.9 cm	22 weeks 5 days
Tibia (TIB)	3.3 cm	22 weeks 3 days
Fibula (FIB)	3.2 cm	21 weeks 4 days
Humerus (HL)	3.8 cm	23 weeks 4 days
Radius (RL)	3.0 cm	21 weeks 5 days
Ulna (UL)	3.5 cm	23 weeks 4 days
Estimated fetal weight is	484 Gms \pm 71 Gm.	
Average Ultrasound Age (AUA)	22 Weeks 2 Days	
Expected date of delivery by Ultrasound:	15.10.2024 \pm 15 days	

A detailed examination of the fetus was done to look for congenital anomalies.

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HEAD

- Midline falx is seen.
- Both lateral ventricles appear normal.
- The cerebellum and cisterna magna are normal.
- Nuchal fold thickness is normal.
- Fetal brain appears normal.
- Posterior fossa, thalami and ventricles are normal.
- Cavum septum pellucidum is seen. Cranium appears normal.

FACE

- Fetal face appears normal.
- No evidence of cleft lip / cleft palate.
- Both orbits normal.
- Nasal bone normal to the extent noted.
- Lips normal.

SPINE

- Normal in two planes.
- Well visualized in longitudinal, transverse and coronal planes.
- Vertebrae and spinal canal appear normal.

THORAX

- Heart-Four chamber and five chamber views appear normal.
- LVOT and RVOT are normal.
- 3 vessel view is normal. Position and axis normal.
- Both lungs are well seen and appear normal.
- No evidence of pleural or pericardial effusion.
- No evidence of diaphragmatic hernia seen.
- Cardiac situs is normal.

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ABDOMEN

- Abdominal situs is normal.
- Stomach bubble is seen.
- Normal bowel pattern appropriate for the gestation seen.
- No evidence of ascites.
- Abdominal wall intact.
- Fetal kidneys, urinary bladder are normal in anatomical appearance.
- No evidence of pelvi-calyceal system dilatation.

LIMBS

- All fetal long bones visualized and grossly appears normal for the period of gestation
- Both hands and feet appeared grossly normal.
- All four limbs are visualized and appear normal.

UTERINE ARTERY PI

Right uterine artery PI	:	0.8
Left uterine artery PI	:	0.9
Mean uterine artery PI	:	0.85 – 23 rd centile – normal. [FMF-UK]

Marker	Present/Absent
Intracardiac echogenic focus	Absent
Mild hydronephrosis	Absent
Short femur	Absent
Echogenic bowel	Absent
Increased nuchal fold	Absent
Aberrant right subclavian artery	Absent
Absent or hypoplastic nasal bone	Normal size
Ventriculomegaly	Absent

(It must be noted that detailed fetal anatomy may not always be visible due to technical difficulties related to gestational age, fetal position, amniotic fluid volume, fetal movements and abdominal wall thickness. Therefore, all fetal anomalies may not necessarily be detected at every examination)

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IMPRESSION

- SINGLE LIVE INTRAUTERINE GESTATION.
- ESTIMATED GESTATIONAL AGE BY FETAL BIOMETRY: 22 WEEKS 2 DAYS, EDD AS PER ULTRASOUND: 15.1.2024.
- MENSTRUAL AGE IS 21 WEEKS 4 DAYS. ASSIGNED EDD (AS PER LMP): 20.1.2024.
- FETAL WEIGHT IS 484 ± 71 GMS.
- ENDOCERVICAL LENGTH: 4.3 CM: NORMAL.
- INTERVAL GROWTH IS NORMAL.
- UTERINE ARTERY SCREEN NEGATIVE FOR PIH.
- NO OBVIOUS GROSS FETAL ANOMALY IS NOTICED IN THIS EXAMINATION.
- SUGGESTED FOLLOW- UP SCAN AT 26 – 28 WEEKS FOR EVOLVING ANOMALIES.

❖ Screening of maternal Kidneys:

- Multiple mid polar non-obstructive calculi noted with largest measuring 5.0 mm in size in left kidney.
- Right kidney is normal.

Declaration - I Dr. Balaji Kale, declare that while conducting ultrasonography/image scanning on this patient, have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Note - This report is for assisting doctors/physicians in their treatment and not for medio-legal purposes and should be correlated clinically. To rule out congenital anomalies of fetal extremities a level II ultrasound scan by 4d ultrasound was machine is recommended. Not all the congenital anomalies can be detected sonographically.

Few quotes for obstetrics ultrasound:

- Normal ultrasound is not a guarantee of a normal child; many conditions are missed on ultrasound.
- On average one third to one half of fetal structural birth defects are not detected with ultrasound.
- Due dates by ultrasound are not that exact measurement are based on flat image of 3d fetus. Accuracy 1st trimester - one week, 2nd trimester- 2 weeks, 3rd trimester- 3 weeks.
- Sonographic estimates are no more accurate than clinical estimates of fetal weight.
- USG has certain limitations, some fetal anomalies can go unnoticed depending upon the nature of anomaly, gestational age, fetal position, limitations of USG study.
- Advised to be reviewed/ repeat scan SOS, if and when required as USG findings along with the course of the disease.

Thanks for the reference,
With regards.


Dr. Balaji Baliram Kale
MBBS. DMRD. DNB.
Reg. No. 2015/06/3398
Consultant Radiologist

- This imaging modality has its own limitations and not 100% accurate. The impression mentioned above are only suggestion of diagnosis and not the final diagnosis by itself. Please correlate with clinical findings & suggested further evaluation if clinically warranted.
- This report cannot be used for medic legal purpose.