

**ABDOMINAL:**

Stomach in normal position. Bowel not dilated.  
Both kidneys present. CC & AP length of measures approx 2.2 X 1.0 cm in right kidney and 1.8 X 1.0cm in left kidney.  
Cord insertion site- normal.

**SKELETAL:**

No spinal defects or masses (transverse & saggital views).  
Arms & hands present, normal relationships.  
Legs & feet present, normal relationships.

**UMBILICAL CORD:**

Three-vessel cord.

**Length of cervical canal:**

4.34 mm.

**ANOMALY SCAN:**

**Report summary:** single live intrauterine pregnancy. Finding of today's scan explained to the prospective parts. They understand limitation of this screening test especially in detecting cardiac abnormalities. Please note fetal 2D cardiography is a different study.

For detailed cardiac evaluation. Foetal echocardiography is recommended.

Another ultrasound scan is recommended for foetal growth & placental localization at 32-34 weeks gestation or earlier if clinically indicated.

**Explained that:**

Ultrasound scanning cannot detect all fetal anomalies. Even though 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 of major congenital abnormalities in antenatal Ultrasound is about 70%. Some Congenital Abnormalities are seen by USG only in 3rd trimester. Thus, not detectable at 18-24 weeks scan. Antenatal ultrasonography 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 on 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.

**IMPRESSION:-**

- Single live intrauterine foetus of around 19 weeks 5 days.
- Echogenic focus in the left ventricle...? Papillary muscle calcification.

Adv: Clinical Correlation and follow up.

  
**Dr. Jahangir Kabir**  
MD Radiodiagnosis  
(Reg No. AMC/23258)

Transcriptionist: Ibrahim Laskar

*Note: Any kind of mistake / printing mistake / spelling mistake / human error should be  
immediately reported to the centre & get rectified at the earliest.  
(NOT FOR MEDICO-LEGAL PURPOSE)*

\*\*\*\*\*End of Report\*\*\*\*\*



BLUE HILLS  
HOSPITAL & RESEARCH CENTRE

# Blue hills hospital & R.C

Name: - Mrs. Sahina Aktar Laskar

Date: 25-Jun-24

Age: - 28 Yrs.

Sex: -Female

Ref by: - Dr. F. B. Aman, MBBS, DGO

Nature of U/S Examination:

**Anomaly scan**

**G. Age by USG: 19 W 5 D**

**EDD by USG: 14-11-2024**

Foetus: intrauterine single live foetus of about 19 weeks 5 days maturity is seen in cephalic presentation at present scan.

**Foetal parameters:**

➤ Biparietal diameter:	4.58 cm (19 weeks 6 days).
➤ Head circumference:	17.26 cm (19 weeks 6 days).
➤ Abdominal circumference:	14.37 cm (19 weeks 5 days).
➤ Femur length:	3.18 cm (19 weeks 6 days).
➤ Humerus Length:	Right      Gestational Age      Left      Gestational Age 2.88 cm (18 weeks 6 days)      2.96 cm (19 weeks 2 days).
➤ Radius, Ulna, Tibia, Fibula at present.	
➤ Approximate foetal weight:	314 gms.
➤ Foetal heart rate:	155 bpm.
➤ Placenta:	Fundo body wall posteriorly. Grade-I maturity. ( <b>Maximum placenta measures 3.0 cm</b> )
➤ Amniotic fluid:	Adequate (largest vertical pocket measures 4.7 cm).

**HEAD:**

Intact cranium.  
Cavum septi pellucidum- Present.  
Midline falx- present.  
Thalamus- Present.  
Cerebral ventricles- Right and left ventricles measures 5.6 mm and 4.9 mm.  
Cerebellum- Appears normal (measures 19.4 mm)  
Cisterna magna- Width measures 6.0 mm.

**FACE:**

Both orbits present.  
Median facial profile- normal appearance. NB present. NB measures 6.1 mm  
Mouth present.  
Upper lip intact.

**NECK:**

Absence of masses (e.g. cystic hygroma). NF thickness: 5.7 mm.

**CHEST / HEART:**

Normal appearing shape/size of chest & lungs.

Heart activity present.

Four chamber view of heart in normal position.

Aortic & pulmonary outflow tracts- visualized.

No evidence of diaphragmatic hernia. Echogenic focus is seen in the left ventricle...? Papillary muscle calcification.

P.T.O



## FOLLOW UP VISIT

Date :

Investigation if any

Treatment / Remarks / Advise if any

( Proxy )

21-5-2024

1. Dy aedodilis 10 | Dydroperide 10  
1 — 0 — 1 x 300

— 1. Sanheme 0D x 1ml/5

— 1. Sencorav 0D x 1ml/5

— PLV Plus 04

215Ptcg

021.

~~Paed~~  
26/06/24

BP ↑

WT —

(A.+ve)

Hb: 10gm

Blood

Cose

BP. 204/228

VI + D3

TSH

LFT

Serology

protein

oz

PIN

2000

STHR-1421ml

Quadrupple martim

Rpt all

02

— 1. Duvordil 10

1 — 0 — 1  
x 1ml/5

1000

Anomaly Scan

Echogenic  
Focus on  
Lt. Vena



## FOLLOW UP VISIT

Date :	Investigation if any
Treatment / Remarks / Advise if any	
Retropi - collection Low lying plants SLP+ 1.4 x 9 cm 13W3d pm c good CP	
- T. Dydrobliiss 10 1 ————— Ø ————— 1 x 20d	
- T. Venusian 450 0.7 x 20d	
- T. Taxim 0.208 0.7 x 10d	
- C. Fresco mom 0.7 x 20d	
<i>Ree 24/05/24</i>	<i>82</i>

9085336799.

FOLLOW UP VISIT

Date:	Investigation if any
Treatment/ Remarks /Advise if any	
Ree Date 13-4-24 wt -> 69 kg BP ->	<u>Age</u> gestation + <u>Ug</u> - my. Rabies test. 1st.
— Solaeid 0 x40 250 pted mom plus x40 15 ml. HS	
paid 6/05/24 wt -> 68 BP -> 100/70	1. Rabies DSA x10 dil m 100. A. B. min
<u>loop.</u> 30 Janu ay	
<u>EDD</u> Oct: 6	wsy: NTS Com
<u>P1A</u> 12 W P.H.R - 1421 ml.	

Follow Up Visit Date :

Investigation

Treatment / Remarks / Advise if any

Paid  
28/03/24

wt - 70Kg

Bp - 110/80

TSH: 2.73

A+ve

Hb: 10.6 gm

VIT D3

5000

18.7

Blood

B-HCG

CBC, TSH

VIT D3

B12 - 2000

1 my.

Progesterone

500 mg Weekly  
1000 mg Once (4 weeks)

- T.

Rabha DSR

300 SR x 1

- T.

Promet

300 SR  
100 mg x 10

- T.

Folisan

OD x 1 mth

-

Solacid

0

250 mg tab

qd

-

D- Shine

60K

Weekly once

x 3 m

(12. cap).

-

Amynon

500 mg

250 mg

qd

Wk: Grind

SP

SLP +

9 wks

→

Lower margin  
is close to the  
int OS

EDD

14.11.24

# Blue Hills Medicare

paid

## Dr. S. Rahman

MBBS (SMC) FCCP (USA)  
General Physician  
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CONSULTATION TIME : 10 AM To 2 PM



## Dr. F. B. Aman

(MBBS, DGO)  
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& Fertility Calicut Medical College  
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CONSULTATION TIME : 5 PM To 8 PM

Patient Name ..... Sahina AKtar Labkari ..... Date ..... 12/02/24  
ID No. ..... Occupation ..... Mobi. ....

Allergies ..... Weight ..... 73 kg ..... Height ..... BP 110/80 ..... Temperature ..... Pulse .....

Past H / O : ..... DDx / Clinical Impression .....

Go in my now peed  
60 - 94 days cycle.

1. Child - 9 year - L.S.C.S  
2. 4y before [ child death  
(SMR due to Feo).]

### Current Medication / Medicine

Name of Drugs	Dose / Mode / Frequency	Investigation
<u>Lamp.</u>	<u>Perod.</u>	<u>Blood D2</u>
<u>30 - 5 amony</u>	<u>Hb: + +</u> <u>Bp: 110/80</u> <u>PR: 86/100</u>	<u>TSH, PRL,</u> <u>AmH, RBS</u> <u>CBC, VIT P3</u>
<u>Ra.</u>		
<u>✓ 1. Zipeoz</u>	<u>1 - 0 - 1, 8 pm x</u> → <u>contd</u>	
<u>✓ 1. Ecosprin</u>	<u>75 OD x</u> → <u>contd</u>	
	<u>2. Sunf 25 42 th</u>	<u>2</u>
	<u>2. Daogyn 10</u>	<u>20 th</u>
	<u>(From → 20 - Feb)</u>	

Next Appointment Date :

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NOT VALID FOR MEDICO-LEGAL PURPOSE

Doctor

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