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FORMER RADIOLOGIST AT:
• FORTIS HOSPITAL, NOIDA
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FMF CERTIFIED FROM
FETAL MEDICINE FOUNDATION
• FOR NT/IB SCAN
• FOR PRE-ECLAMPSIA SCREENING
MRI FELLOWSHIPS:
• NANAVATI HOSPITAL, MUMBAI
• HINDUJA HOSPITAL, MUMBAI

PATIENT'S NAME : MRS. PRIYANKA

REF. BY : DR. POOJA SHRIVASTAVA (MBBS, MS)

AGE/SEX : 27Y/F

DATE : 29.06.2024

OBSTETRIC USG (EARLY ANOMALY SCAN) WITH PRE-ECLAMPSIA SCREENING

LMP: 29.03.2024

GA (LMP) : 13wk 1d

EDD : 03.01.2025

- Single live fetus seen in the intrauterine cavity in **variable** presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 161 beats /min.
- PLACENTA: is **grade I, posterior & not low lying**.
- LIQUOR: is **adequate** for the period of gestation.

Fetal morphology for gestation appears normal.

- Cranial ossification appears normal. Midline falx is seen. Choroid plexuses are seen filling the lateral ventricles. No posterior fossa mass seen. Spine is seen as two lines. Overlying skin appears intact.
- No intrathoracic mass seen. No TR.
- Stomach bubble is seen. Bilateral renal shadows is seen. Anterior abdominal wall appears intact.
- Urinary bladder is seen, appears normal. 3 vessel cord is seen.
- All four limbs with movement are seen. Nasal bone well seen & appears normal. Nuchal translucency measures 1.7 mm (WNL).
- Ductus venosus shows normal spectrum with positive "a" wave (PI ~ 1.06).

FETAL GROWTH PARAMETERS

- CRL 73.5 mm ~ 13 wks 4 days of gestation.
- Estimated gestational age is 13 weeks 4 days (+/- 1 week). EDD by USG : 31.12.2024
- Internal os closed. Cervical length is WNL (40.8 mm).
- Baseline screening of both uterine arteries was done & reveals mean PI of ~ 1.96 (WNL for gestation)
- Date of Last Delivery 21.02.2019
- Gestation at delivery of last pregnancy 39 weeks 2 days .

IMPRESSION:

- ↓ Single, live, intrauterine fetus of 13 weeks 4 days +/- 1 week.
- ↓ Gross fetal morphology is within normal limits.

Follow up at 19-20 weeks for target scan for detailed fetal anomaly screening.

Declaration : I have neither detected nor disclosed the sex of the fetus to pregnant woman or to anybody. (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, maternal abdominal wall thickness & tissue ecogenicity. Therefore all fetal anomalies may not be detected at every examination. Patient has been counselled about the capabilities & limitations of this examination.)

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USG WHOLE ABDOMEN

LIVER : Normal in size (14.3 cms in MCL), shape, contour and echotexture . No focal lesion is seen . Intrahepatic biliary radicles are normal . Portal vein is of normal caliber & measures ~ 10.2 mm at porta.

GALL BLADDER : is normally distended. No evidence of any calculi or mass is seen. Walls appear normal. No evidence of any pericholecystic fluid or inflammatory changes at present . CBD is normal in caliber (~ 2.1 mm) with clear lumen.

PANCREAS : normal in size, shape and echotexture . No evidence of any focal lesion or peri-pancreatic inflammatory changes.

SPLEEN : normal in size, shape and echotexture. It measures 10.4 Cm in long axis.

KIDNEYS : Both the kidneys are normal in size, shape, axis & location . Parenchyma reveals normal thickness, echotexture and well preserved cortico-medullary differentiation. Calculi ~ 4.1 mm is seen at right middle calyx & two calculi are seen in right lower calyx largest ~4.1mm and few calculi are seen in left kidney , largest ~ 4.7mm at upper calyx . No evidence of any hydronephrosis/mass lesion is seen. Right kidney measures: 11.0 x 3.2 cms . Left kidney measures: 9.9 x 4.4 cms.

URINARYBLADDER: well distended with anechoic lumen and normal walls. No evidence of any intraluminal contents or mass lesion.

UTERUS : gravid.

- + Visible IVC & Aorta appear unremarkable. No evidence of lymphadenopathy. No evidence of any obvious bowel mass or pathology at present.
- + No ascitis or localised fluid collection is seen.

IMPRESSION :

- + Bilateral renal calculi .

Suggest : clinical correlation.

(DR. ANKITA VIJAYVARGIYA)