

MANUSHREE IMAGING CENTRE

Dr. Mayank Ujjallya

MD Radiodiagnosis

Reg. No.: MP-16150

Ex. Consultant Radiologist

Bansal Hospital, Bhopal

Ex. SR. PGIMER Chandigarh

Ex. Consultant Star Hospital, Ahmedabad

Name:	MRS. NEHA INDURKAR	Age/Sex:	32 Years /Female
By:	DR. PUJA SINGH	Date:	09/07/2024

TARGET SCAN OF PREGNANCY FOR FOETAL ANOMALY

MP: 17.02.2024 GA by LMP- 20w 3d

Single live foetus in cephalic presentation and longitudinal lie at the time of scan.

FOETAL PARAMETER:

PD measures	48mm corresponding to	20 weeks and	4 days
C measures	180mm corresponding to	20 weeks and	3 days
C measures	144mm corresponding to	19 weeks and	6 days
C measures	34mm corresponding to	20 weeks and	6 days
Composite gestational age by sonography		20 weeks and	3 days
Specified date of delivery by sonography		23/11/2024	
Effective fetal weight is approximately		346gm ± 51gm	

FOETAL CARDIAC ACTIVITY: is regular. Foetal heart rate is 148 beats/min. Foetal body and limb movements are normal.

Placenta: is on Posterior uterine wall shows grade- I maturation.

MILBILIC CORD: 3 vessels cord is seen. Placental insertion is central. No loop of cord around the neck is seen.

AMNIOTIC FLUID: is adequate in amount. AFI measures 13 cm.

INTERNAL OS: is closed. Cervix is normal in length (4.0 cm). Endocervical canal appears normal.

NEUROLOGY: Appears normal in size and shape. Intracranial assessment of cerebral parenchyma, ventricles, basal ganglia and cerebellum is normal. Transcerebellar distance is normal. Both lateral ventricles appear normal in size and show brightly echogenic choroid plexuses. Cavum septum pellucideum and midline falx are well visualized. Cisterna magna is normal. No SOL is seen. No cephalocele detected.

SPINE: Full length of the vertebral column is visualized and appears normal. Posterior elements are seen as parallel bands of echoes with normal flaring in cervical region and convergence in sacrum. No evidence of spina bifida and sacral agenesis seen.

FACE: Fetal face was visualized in profile and coronal scans. Anatomical assessment for forehead, orbits, eyeballs, lenses, nasal bone, lips, maxilla, hard palate and mandible is done. No gross facial anomaly detected. Intraorbital distance is normal.

Shop No. 4, CI Square, Kolar Road, Bhopal

Ph.: 0755-3597661, 9303614620

Timing : 9:00 am to 9:00 pm

Sunday : 10:00 am to 12:00 pm

This report is not valid for Medico legal purpose



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Neck: The anterior, posterior and lateral masses of neck are well appreciated. No cystic lesion is visible around the fetal neck. Nuchal thickness is normal.

Heart: Normal cardiac size, situs & position.

Chest: The thorax is assessed for the chest wall, lungs, mediastinum and diaphragm. Both lungs are echogenic, no lung cyst or SOL seen. No evidence of pleural or pericardial effusion seen. Fetal diaphragm is seen as smooth hypoechogenic band of tissue. No diaphragmatic hernia seen.

Abdomen: Abdominal circumference is normal. Anterior abdominal wall appears intact. No evidence of omphalocele/gastroschisis seen. Liver, GB & spleen appear normal. Fetal stomach and bowel loops appear normal. No evidence of ascites seen.

KUB: Both kidneys appear normal in size. No evidence of pelvicalyceal dilatation seen. Urinary bladder appears normal in size.

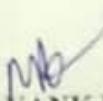
Limbs: All four limbs are seen and appear normal for the period of gestation. The bones and soft tissues in proximal, mid and distal segments of both upper and lower limbs are normal. Digit count not included in this scan.

Right uterine artery PI-0.92, Left uterine artery PI-0.85, Mean PI-0.88 (Normal).

Impression: Intrauterine single live fetus of 20 weeks and 3 days duration \pm 2 weeks. No gross foetal anomaly seen.

Expected date of delivery by sonography 23/11/2024

I, DR. MAYANK UJJALIYA, MD, declare that while conducting USG, I have neither declared nor disclosed the sex of her fetus to anybody in any manner. (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 echogenicity. Therefore all fetal anomalies may not be detected at every examination. Patient has been counselled about the capabilities & limitations of this examination. This report is not for medico-legal purpose. Fetal ECHO and digits count is not done in this study.)


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