

Patient name	Mrs. NIKITA TASARE	Age/Sex	20 Years / Female
Patient ID	18331520240716	Visit no	1
Referred by	Dr. Prashant Tasare BAMS, M.D	Visit date	16/07/2024
LMP date	26/02/2024, LMP EDD: 02/12/2024 [20W 1D]		

OB - 2/3 Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Maternal

Cervix measured 2.80 cm in length.

Right Uterine	1.31	—●— (69%)
Left Uterine	1.26	—●— (65%)
Mean PI	1.285	—●— (67%)

Fetus

Survey

Presentation	: Cephalic
Placenta	: Anterior 30 mm away from the internal oss, grade-1 maturity
Liquor	: Normal Single deepest pocket = 3 Amniotic fluid index = 12
Umbilical cord	: Two arteries and one vein cord inserted centrally on placenta
Fetal activity	: Fetal activity present
Cardiac activity	: Cardiac activity present Fetal heart rate - 140 bpm

Biometry(Hadlock,Mediscan)

BPD 43.73 mm 19W 1D (24%ile)			HC 165.27 mm 19W 2D (14%ile)			AC 144.98 mm 19W 6D (38%ile)			FL 31.65 mm 19W 6D (34%ile)			EFW BPD,HC,AC,FL 311 grams (34%ile)		
5%	50%	95%	5%	50%	95%	5%	50%	95%	5%	50%	95%	5%	50%	95%
*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

Long bones	Right (mm)	Left (mm)
Tibia	30, 20W 1D	—●— (50%)
Fibula	29, 19W 6D	—●— (38%)
Humerus	31.24, 20W	—●— (40%)
Radius	26, 19W 5D	—●— (38%)
Ulna	29, 19W 3D	—●— (25%)

Foot Length : 32 mm

TCD : 20 mm

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Near Dr. Totey's Polyclinic, Main Road, Rathi Nagar,
Amravati. Mob : 9322452046 Ph. : 0721-2552135

New Ambikey Radiodiagnostic Center Near Pawar Driving School,
Rukhmini Nagar, Amravati. Mob. : 7498522198, 9545678982

ALPHA 1.5 Tesla M.R.I. / 32 Slice C.T. Scan Center RIMS Super-speciality Hospital, Rajapeth, Amravati.

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Aneuploidy Markers

Nasal Bone : 5.6 mm - Present
Nuchal Fold : 2.4 mm - Normal

Fetal Anatomy

Head : Right lateral ventricle measured 4 mm
Left lateral ventricle measured 4 mm
Cisterna magna measured 2.2 mm
Midline falx seen. Cranium is Intact.Cavum Septum Pellucidum seen.
Both lateral ventricles appeared normal.Both Thalami Normal/Unfused
Posterior fossa Structures appeared normal.[Cerebellar Lobes , vermis, cisterna magna, Fourth Ventricle]
No identifiable intracranial lesion seen.

Neck : Fetal neck appeared normal.No any mass lesion in Neck at present.Hypopharynx Wall Normal.No evidence of dialated Pouch In neck at present.

Spine : Entire spine visualised in longitudinal and transverse axis.
Vertebrae and spinal canal appeared normal

Face : Fetal face seen in the coronal and profile views.
Both orbits, nose and mouth appeared normal[Minor defect not ruled out]. Nasal bone normal.Ear pinna normal.I.O.D.; 11.4 MM, B.O.D;33 MM

Thorax : Both lungs seen.
No evidence of pleural or pericardial effusion.
No evidence of SOL in the thorax. No evidence of Diaphragmatic hernia at present.

Heart : Heart appears in Normal position.
Normal cardiac situs. Four chamber view normal.
Outflow tracts/Three vessel/Three vessel trachea view appeared normal.

Abdomen : Abdominal situs appeared normal.
Stomach and bowel appeared normal.
Normal bowel pattern appropriate for the gestation seen.
No evidence of ascites.Abdominal wall intact.Umbilical cord insertion site is normal at present. Gall bladder Seen.

KUB : Right and Left kidneys appeared normal.
Bladder appeared normal

Extremities : All fetal long bones visualized and appear normal for the period of gestation.
Both feet/hand appeared normal

Impression

Single live gestation corresponding to a gestational age of 20 Weeks 1 Day
Gestational age assigned as per LMP

Placenta - Anterior

Presentation - Cephalic

Liquor - Normal

Estimated fetal weight according to BPD,HC,AC,FL :- 311 + / - 31.1 gms.

No Obvious Life Threatening Congenital Anomalies At Present
Normal Mean P.I. of Uterine Artery;

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2nd trimester screening for Downs
Maternal age risk 1 in 1508

Fetus	2nd Trimester Downs Risk Estimate	Markers - Present	Markers - Absent
A	1 in 5027		Increased nuchal fold, Short humerus, Short femur, Mild hydronephrosis, Intracardiac echogenic focus, Echogenic bowel, ARSA, Absent or hypoplastic NB, Ventriculomegaly

Disclaimer

- *Evolving anomalies are seen at later stages of gestation and not seen in earlier scans.
- * Anomalies of small parts like ears, fingers and toes can not be detected routinely because of unfavorable position to visualise it.
- * Normal looking fetal stomach bubble does not rule out esophageal atresia /Tracheo esophageal fistula.
- *Minor cardiac defects like small VSDs, mild Stenotic lesions, coronary artery anomalies and anomalies that evolve towards later gestation like aortic arch anomalies and those of pulmonary venous drainage may not be always identifiable antenatally.
- *Anomalies resulting from Non closure of physiological shunts like ASD and PDA Will be evident only after birth.
- * Congenital skin disorders can not be detected prenatally. *Congenital metabolic disorders, enzyme deficiencies can not detected on USG.
- * Abnormalities in the external genital organs can not be seen and documented for legal reasons.
- * Congenital dislocations of joints can be suspected only when extremities are seen in abnormal position while scanning.
- *Expected Baby Weight given on USG can have 10-15 percent variation on side .
- * Study conducted on high resolution Philips Affiniti 70G 4 = D Colour Doppler with tissue harmonic imager
- * Please co- relate by clinically & with further investigations/and follow-up.
- * All the anomalies could not be rule out. it depends on fetal position, amniotic fluid and maternal Abdominal wall Thickness.

I, Dr.Rajendrasing Darshansing Solanke declare that while conducting the ultrasonography , I have neither detected nor disclosed the sex of the fetus to anybody in any manner

Dr.Rajendrasing D Solanke
M.B.B.S,M.D(Radiology)

Fellowship In Colour Doppler Scholar MD[Mumbai]

Fellowship In Fetal Medicine Scholar MD[Mumbai]

Fetal Echocardiography Focused Course[Hyderabad]

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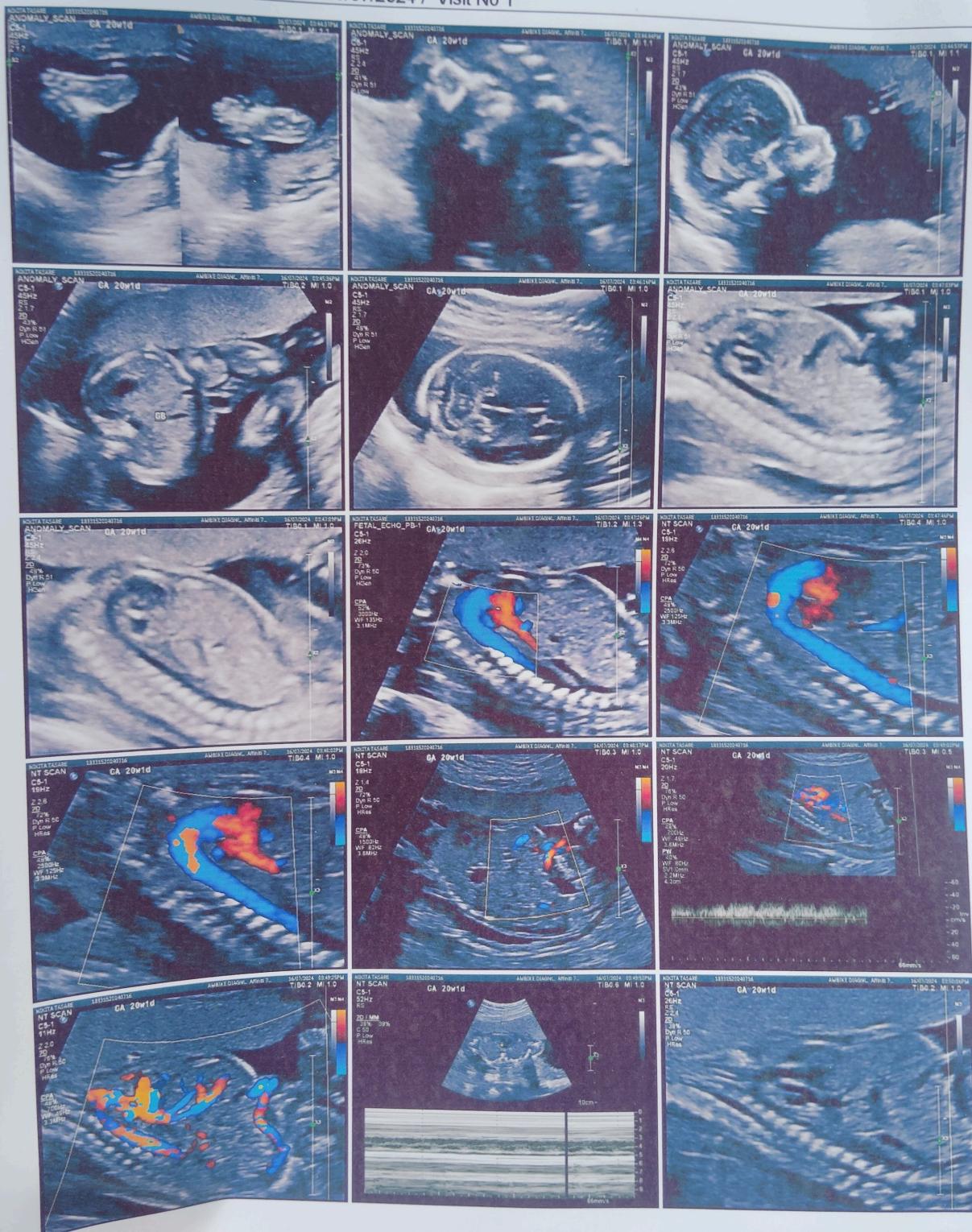
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