

② Mrs. Madhu Kumari

Age - 26 y/f

Quadruple Monkey

DOB — 8/2/1997

LMP — 2/3/2024

Height — "5" feet

Weight — 63.2 kg

चंद्रा क्लिनिक एंड डायग्नोस्टिक्स

CHANDRA CLINIC AND DIAGNOSTICS

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Name:	Mrs Madhu Kumari	26Y/F	LMP:	02/03/2024
Advised By	Dr. Manasi Gulati		Date:	19/07/2024

ANC ANOMALY SCAN REPORT

- Single live intrauterine fetus.
- FHR: 137 B/Min. Regular.
- Placenta: Anterior
- Liquor is adequate in amount.
- Normal three vessel cord present.
- Cervical length= 3.9 cm.

Presentation - Variable.

Placenta Grade: I

Foetal Biometry:

BPD Measures (cm)	4.65	Corresponds To	20	Weeks	0	Days
HC Measures (cm)	17.3	Corresponds To	19	Weeks	6	Days
AC Measures (cm)	14.2	Corresponds To	19	Weeks	3	Days
FL Measures (cm)	3.2	Corresponds To	19	Weeks	5	Days
TIB Measures (cm)	2.8	Corresponds To	20	Weeks	3	Days
FIB Measures (cm)	2.8	Corresponds To	20	Weeks	0	Days
Humerus (cm)	2.9	Corresponds To	20	Weeks	2	Days
LLNA (cm)	2.8	Corresponds To	20	Weeks	2	Days
RAD (cm)	2.7	Corresponds To	20	Weeks	6	Days
Average Ultrasound Age is			20	Weeks	1	Days
Expected Date of Delivery By Ultrasound:			05/12/2024			
Expected Date of Delivery by LMP:			07/12/2024			
Estimated Fetal Weight is:	316	Gms ±	47	Gms		

P.T.O

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Cord Doppler :- Two umbilical arteries and single umbilical vein are identified. Cord doppler shows persistent diastolic flow in the umbilical arteries. No evidence of fetal hypoxia noted.

Pulsatility Index PI	1.16
Resistive Index RI	0.53
Peak Systolic	27 cm/s
Peak Diastolic	12 cm/s

Bilateral uterine arteries: are showing normal wave form and Doppler indices. Diastolic notch is absent.

Parameters	Right Uterine Artery	Left Uterine Artery
Pulsatility Index PI	0.75	0.72
Resistive Index RI	0.50	0.47
Peak Systolic	99 cm/sec	95 cm/sec
Peak Diastolic	49 cm/sec	50 cm/sec

IMPRESSION

- Single live intrauterine fetus with variable presentation is seen at the time of examination, with USG gestational age 20 weeks 1 days.
- Evidence of tiny echogenic intracardiac focus measuring 1.9 mm seen in left ventricle.
- No obvious other gross structural anomaly noted at the time of scan.

Adv. - Follow Up.

Declaration - I Dr. Hari Om Chandrakar hereby declare that while conducting ultrasonography/ image, scanning on above patient, have neither detected nor disclosed the sex of her fetus to anybody in any manner. Evolving congenital anomalies cannot be determine in this scan. Please note that all congenital anomalies can be detected all the times due to various technical and circumstantial reasons like gestation period, fetal position, quantity of liquor etc.

PrimoScan
Mother And Foetal Care
www.primoscan.com

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Disclaimer: Impression is a professional opinion and not a diagnosis. The science of radiological diagnosis is based on the interpretation of various shadows and is neither complete nor accurate. All modern machines/procedures have their limitations. Further pathological and radiological investigations with clinical correlations are required to enable the clinician to reach the final diagnosis. In case of any clinical/other discrepancy, please contact. Hard copy is attached for review. Not for medico-legal purposes. Patient identity cannot be verified.

Head:

Normal skull shape. Falx in midline.
Both lateral ventricles normal in size. LV= 6.3 mm
Posterior fossa appears normal. TCD= 19.5 mm, Cisterna magna=3.8 mm, NT=3.8 mm.
No identifiable intracranial lesion seen.

Neck:

No skin oedema seen or cystic hygroma.

Spine:

Appears normal.
Seen towards maternal right side.

Face:

Both orbits appears normal.

Heart:

Situs solitus
Four chambered heart seen.
Evidence of tiny echogenic intracardiac focus measuring 1.9 mm seen in left ventricle.
Fetal echo not included in this examination.

Abdomen:

Stomach appears normal.
Bladder appears normal.
No evidence of fetal ascites.

Extremities:

Fetal long bones appears normal. Foot length= 32.8 mm.

Increased Nuchal Fold - absent
Hypoplastic nasal bone- absent
Ventriculomegaly- absent
Short femur- absent
Echogenic bowel- absent
Intracardiac echogenic focus- absent

No obvious gross structural anomaly noted at the time of scan.

P.T.O