

1
① Mrs. Ayushi Gupta

Age - 28 y/f

Quadruple Marker

DOB — 19/10/1995

LMP — 4/3/2024

Height — 5'1"

Weight — 53.6 Kg



NAV KAR

DIAGNOSTIC & EYE CLINIC

Shop No. 1, Parakh Complex, Swaroop Talkies Road, Green Chowk,
Infront of Goel Timber / Surana Motors, Durg 491001 (C.G.)
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navkardiagnostics@gmail.com

NAME : MRS. AAYUSHI GUPTA
AGE : 28 Years / FEMALE
REF. BY : DR. MANASI GULATI (MBBS DNB)

DATE : 26/07/2024

OB - 2/3 Trimester Scan Report (Anomaly Scan)

LMP: 04/03/2024

GA (LMP): 20 Weeks, 4 Days

EDD (LMP): 09/12/2024

Real time B-mode ultrasonography of gravid uterus done.
Route: Transabdominal.

Maternal: Multiple cervical nabothian cysts.
Cervix measured 3.9 cm in length.

Internal Os closed.

Right uterine PI : 0.58

Left uterine PI : 1.31

Mean PI : 0.95 (29% + - - - - - Normal)

Fetus Survey : Single live intrauterine fetus.

Presentation : Cephalic

Placenta : Posterior wall grade - I, upper & mid segment.

Liquor : Normal (AFI-14.3 cm)

Umbilical cord : Two arteries and one vein

Biometry (Hadlock)

	Cm	Weeks	Days	Percentile
Biparietal Diameter	4.8	20	4	52.2% + - - - - -
Head Circumference	18.2	20	4	43.5% + - - - - -
Transverse Cerebellar Distance	2.2	20	4	66.9% + - - - - -
Abdominal Circumference	15.1	20	2	34.7% + - - - - -
Humerus Length	3.2	20	4	51.4% + - - - - -
Radial Length	2.8	20	3	51.3% + - - - - -
Ulnar Length	2.9	20	6	42.7% + - - - - -
Femoral Length	3.4	20	4	40.1% + - - - - -
Tibial Length	2.9	20	3	46.5% + - - - - -
Fibula Length	3.0	20	4	49.9% + - - - - -
Fetal Weight	354 Grams $\pm$ 52 Grams.			37.3% + - - - - -
Heart Rate	157 Beats Per Minute.			

Fetal Anatomy:

Head

Both lateral ventricles appeared normal.

Right lateral ventricle - 5.6 mm; Left lateral ventricle - 6.0 mm.

Cisterna magna measured 4.0 mm.

Nuchal fold thickness - 4.2 mm

Midline falx seen.

Posterior fossa appeared normal. No identifiable intracranial lesion seen.



This report is for perusal of the doctor not the definitive diagnosis; findings have to be clinically correlated. Ultrasound has its limitations in obese patients and in retro peritoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purpose. In case of any typing error please get it corrected within 7 days.

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Neck
Fetal neck appeared normal.

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

Face
Fetal face seen in the coronal and profile views. Orbits, lips, nose and mouth appeared normal.
Nasal bone - 6.3 mm.

Thorax
Both lungs appear normal.
No evidence of pleural or pericardial effusion. No evidence of SOL in the thorax.

Heart
Heart appears in the mid position. Normal cardiac situs. Four chamber view grossly normal (small VSD may not always be detected). Outflow tracts grossly 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.

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

Extremities
All fetal long bones visualized and appear normal for the period of gestation. Finger counting could not be done.

Soft marker risk calculator:

2 nd Trimester Aneuploidy Markers		
Sr No		
1	Intracardiac Echogenic Focus	Absent
2	Ventriculomegaly	Absent
3	Increased Nuchal Fold	Absent
4	Echogenic Bowel	Absent
5	Mild Hydronephrosis	Absent
6	Short Humerus	Absent
7	Short Femur	Absent
8	Aberrant Right Subclavian Artery	Absent
9	Absent or Hypoplastic Nasal Bone	Normal size
Apriori Risk (Based on FTS):		1 in 961
LR Ratio:		0.13
Trisomy21 Risk:		1 in 7384

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IMPRESSION:

- Single live intrauterine gestation in Cephalic presentation.
- Estimated gestational age by fetal biometry: 20 weeks 4 days, EDD as per ultrasound: 09/12/2024.
- Assigned EDD (as per LMP): 09/12/2024.
- Fetal weight is 354 grams $\pm$ 52 grams.
- Endocervical length- 3.9 cm, normal.
- Uterine artery screen negative for pre-eclampsia.
- No obvious gross fetal anomaly is noticed in this examination.

SUGGESTED: Follow up at 28 weeks for growth & doppler scan.

Thanks for the reference.
With regards.

(It must be noted that detailed fetal anatomy may not always be visible due to technical difficulties related to gestational age, fetal position, amniotic fluid volume, fetal movements and abdominal wall thickness. Therefore all fetal anomalies may not necessarily be detected at every examination. Fetal anomalies that may not be apparent by 20-24 weeks gestation are some forms of hydrocephalus, micro-cephalus, some cardiac defects, hirschsprung disease, micro-ophthalmia, gastrointestinal obstruction, polycystic renal dysplasia, hydronephrosis, heterozygous achondroplasia). Assessment of small body-parts like finger, toes & ears does not come within the scope of the targeted anomaly scan. Fetal echo is not included in this scan. Study of genital organs is prohibited by PCPNDT act; detection of their anomalies is not feasible.

Declaration: I Dr. Shikha Jain has neither detected nor revealed sex of fetus during sonography examination of the patient.

Shikha Jain
Dr. Shikha Jain
MBBS DMRD
FMF (UK) CERTIFIED (11-13 weeks scan)
Consultant Radiologist.

Reports are for assisting doctors, physicians in their treatment and not for medico legal purpose and should be related clinically.

Dr. Shikha Jain
MBBS, DMRD
CGMC/3605/2011

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