



Name: Mrs. YOGITA KRUSHNA GHODE
Age: 22 Y
Sex: F
Date: 07-Aug-2024

Ref By: Dr. VRUSHALI GIRNARE BAMS, dip.G.O.
(AYU)
Study: ANOMALY SCAN
Examined By: Dr. KALYAN CHILWANT

OBSTETRIC ULTRASOUND[ANOMALY SCAN]

Fetal Biometry:

Parameter	Measurment (mm)	GA
BPD	44.9 mm	19 wks 4 days
HC	169 mm	19 wks 4 days
AC	141 mm	19 wks 4 days
FL	26.6 mm	18 wks 1 days
HL	26.6 mm	18 wks 3 days

Biometry Calculation (Corrected EDD = 28/12/2024) GA: 19 WKS 4 DAYS

	GA	EDD
ULTRASOUND	19 wks 2 days	30/12/2024

Evidence of single alive intrauterine fetus with **variable** presentation at present.

Fetal movements are normal & cardiac activity is regular. (FHR = 179/min.)

Placenta is in **fundal**.

Amniotic fluid is **adequate**.

Effective fetal weight is **266.05** gms+/-39.91g.

Cervix is normal in length 3.8cm. Internal os is closed.

FETAL ANATOMY SURVEY:

Head- Midline falx seen- both lateral ventricles appear normal. Posterior fossa appear normal. No identifiable intracranial lesion seen.

Spine- Spine appeared normal. No evidence of significant open neural tube defect at present.

Face- Fetal face seen in the coronal and profile views. Both orbits, nose and mouth appeared normal.



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Thorax- Both lungs seen. No evidence of pleural or pericardial effusion. No evidence of SOL in the thorax.

Heart [Basic Study]- Heart appears in the levo position. Normal cardiac situs. Four chamber view appeared normal. Outflow tracts appeared normal. [This is basic study of fetal heart. Fetal echo is suggested for detailed study of fetal heart.]

Abdomen- Abdominal situs appeared normal. Stomach and bowel appears normal. Normal bowel pattern appropriate for the gestation seen. No evidence of ascites.

Abdominal wall intact. **Echogenic bowels noted (h/o pv bleeding previously noted)**

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

Extremities- Normal appearing upper and lower extremities. **Humerus is short for GA,** rest of the fetal long bones visualised and appear normal for the period of gestation. [Fingers counting not done].

Umbilical cord- Normal 3 vessel configuration seen.

OPINION:

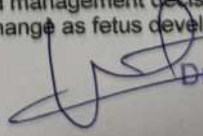
Single alive intrauterine fetus with variable presentation at present with average sonic gestational age of 19 weeks 2 days. Two positive soft markers.

adv NIPT/Quad marker/invasive sos.

Suggested fetal echo at 23 wks for assessment of fetal heart.

Disclaimer- I declare that while conducting ultrasonography /image scanning, I have neither detected nor disclosed the sex of fetus to anybody in any manner.

All congenital anomalies and genetic conditions may not be detected on ultrasonography due to limitations like fetal position, amount of liquor, previous scars, gestational age at the time of examination, poor penetration of sound waves due to thick maternal abdominal wall, late appearance of few anomalies and structures that are not part of routine imaging protocol. Fetal echo is not included in this scan. Small size ASD, VSD may be missed. Study may be suboptimal in obese individual. This opinion is based on imaging findings at the time of scan and management decisions must consider overall clinical setting and relevant test results. Ultrasound findings are bound to change as fetus develops. Hence report has limitations and is not for medicolegal purpose.


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