

12/8/24

Mrs. Kusumbati

Age - 32 y.l.f

Quadrupple Marker

DOB - ~~11/03/82~~

28/10/1991

UMR - 11/03/2024

Height - "5" feet

Weight - 60 kg.

PT.'S NAME : MRS. KUSUMLATA HARWANSH  
 AGE/SEX : 31 Y/FEMALE  
 REF BY : DR. MANASI GULATI  
 DATE : 12.08.2024  
 REG. NO. : 192933  
 REPORT PREPARED BY: P.K. REENA

USG OBSTETRICS WITH ANOMALY SCAN

LMP: 11.03.2024.

- Single live intrauterine foetus with Cephalic Presentation is seen at the time of examination.
- Liquor is adequate in amount.
- Cervical length: 3.1 cm.
- Foetal movements are identified and foetal heart is positive.

Foetal Biometry :

Foetal Heart Rates :		145	B/Min. Regular.			
BPD Measures :	5.05	cm. Corresponds To :	21	Weeks	2	Days.
HC Measures :	18.41	cm. Corresponds To :	20	Weeks	5	Days.
AC Measures :	14.73	cm. Corresponds To :	20	Weeks	0	Days.
FL Measures :	3.55	cm. Corresponds To :	21	Weeks	2	Days.
TIB Measures :	2.92	cm. Corresponds To :	20	Weeks	5	Days.
FIB Measures :	2.87	cm. Corresponds To :	20	Weeks	2	Days.
HL Measures :	3.09	cm. Corresponds To :	20	Weeks	2	Days.
PAD Measures :	2.78	cm. Corresponds To :	20	Weeks	3	Days.
ULNA Measures :	3.09	cm. Corresponds To :	21	Weeks	5	Days.
CEREB Measures :	2.21	cm. Corresponds To :	20	Weeks	5	Days.
BOD Measures :	3.18	cm. Corresponds To :	20	Weeks	3	Days
Average Ultrasound Age Is		20	Weeks	6	Days.	
Expected Date Of Delivery By Ultrasound :				24.12.2024		
Expected Date Of Delivery By LMP :				16.12.2024		
Estimated Foetal Weight Is		366	Gms. ±	53	Gms.	

- Placenta: Anterior, Grade-I. Lower margin of placenta is 1.4 cm away from the internal OS. No retroplacental collection seen.
- Ductus venosus reveals normal flow & spectral waveform.
- Bilateral uterine arteries show normal wave form and PI.

FETAL EXTREMITIES:

- All four limbs present with no gross abnormality.

FETAL HEAD:

- Mid line falx is well seen. Both lateral ventricles are normal in size. The posterior fossa appears normal. The cerebellum is normal.

FETAL SPINE:

- Entire spine is visualized in longitudinal and transverse axis.
- The vertebrae and spinal canal appear normal.

(P.T.O.)

**FACE:**

- Orbita, nose and mouth appear normal. Nasal bone length 6.9 mm.

**THORAX:**

- The heart appears in normal cardiac situs.
- Solitary echogenic focus (2.1 mm) seen in left ventricle of heart is a soft marker for trisomy - Needs quadruple marker correlation.
- The four chamber view is normal. Fetal echo not done.
- Both lungs are well seen.
- No evidence of diaphragmatic hernia is seen.
- No evidence of pleural or pericardial effusion.

**ABDOMEN:**

- Abdominal situs appears normal. Persistent right umbilical vein is noted.
- Prominent bilateral fetal renal pelvicalyceal system (AP diameter 4.7 mm on right side & 4.1 mm on left side) is soft marker for trisomy - Needs quadruple marker correlation.
- Stomach and urinary bladder are normal.
- The gall bladder is well seen.
- No evidence of ascites. No abdominal wall defect.

**IMPRESSION:**

- Single live intrauterine foetus with Cephalic presentation is seen at the time of examination, which corresponds to gestational age 20 Weeks 6 Days. EDD- 24.12.2024 +/- 10 Days.
- Solitary echogenic focus (2.1 mm) seen in left ventricle of heart is a soft marker for trisomy - Needs quadruple marker correlation.
- Prominent bilateral fetal renal pelvicalyceal system (AP diameter 4.7 mm on right side & 4.1 mm on left side) is soft marker for trisomy.
- Fetal parameter HC, AC, HL & BOD are less than 10 percentile- Needs NIPT correlation.
- Lower margin of placenta is 1.4 cm away from the internal OS. No retroplacental collection seen.
- USG age lags behind the menstrual age by about 8 days.
- Persistent right umbilical vein is noted- Association with trisomy 18 is to be rule out.
- Interval growth appears normal.
- Fetal echo is advised for dedicated evaluation of fetal heart (22-24 weeks).
- Suggest clinical & Quadruple markers correlation.

**Disclaimer:**  
Please note that USG study has certain limitations ! sometimes fetal anomalies may not get diagnosed due to nature of anomaly, Gestational age, foetal positioning and limitations of machine thence absence of mention of foetal anomaly in study does not always rule out its possibility.(Fetal echo is not included in this scan).

**Declaration:**  
I declare that while conducting Ultrasonography / Image Scanning on patient

I have neither detected nor disclosed the sex of her fetus to anybody in any manner

DR. DIPTI KOTHARI  
MBBS, DMRD, DNB  
Consultant Radiologist

DR. YANKIT VAIN  
MBBS, DMRD, DNB  
Consultant Radiologist

DR. ANJALI GOYAL  
MBBS, MD  
Consultant Radiologist

Thanks for giving us an opportunity to serve.