

Patient ID: 2024080271
Name: Mrs. Rachana Babarao Ramteke
Age: 39 Y
Date: 16-Aug-2024

Ref By: Dr. Smita Sakolkar
Study: Obst Usg For Anomaly Scan

LMP - 31/03/2024 GA by LMP - 19 wks 5 days EDD by LMP - 05/01/2025

Fetus Survey -

A single live intrauterine fetus in variable presentation noted at present scan.

Fetal movements present
Fetal cardiac activity present F.H.R. - 160 /min.

Placenta - Site - posterior, Maturity- Grade I
Liquor - Adequate & clear.

Various fetal parameters / Biometry -

Fetal Parameters	Value (cm)	Wks	Days
Biparietal Diameter	4.61	20	0
Head Circumference	17.16	19	5
Abdo.Circumference	14.75	20	0
Femoral Length	3.13	19	5
Average Gestational age		19	5

Effective Fetal Birth Weight - 320 g +/- 10 %. Satisfactory interval growth.

Maternal -

Internal OS- Closed. Cervical length- 3.0 cm. **Cervical stitches in situ.**

Right uterine artery PI - 1.05
Left uterine artery PI - 0.52
Mean PI - 0.78

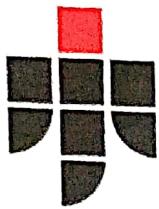
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Structural Scan -

Cranium - Midline falx, midline & posterior fossa structures appear normal. Both the lateral ventricles & cavum septum pellucidum appear normal. No e/o any obvious identifiable intracranial lesion. No e/o choroid plexus cyst.

Face - Fetal face is seen in both coronal & profile views. Both orbits, nose & mouth appears normal.

Neck - Fetal neck appears normal.

Thorax - Both lungs seen.
No e/o pleural / pericardial effusion.
No e/o SOL in the thorax.

Heart - Normal situs, size, axis & position of heart.
Cardiac four chamber view normal. Outflow tracts appear normal.
No e/o any large VSD at present scan.
(Pulmonary venous anomalies, evolving coarctation of aorta, small ASD, VSD & mild valve abnormalities may not be visualised at anomaly scan.)

Abdomen - Abdominal situs appears normal.
Stomach & bowel appears normal.
No e/o ascites. Abdominal wall is intact.

KUB - Both kidneys appear normal. No e/o pelviectasis.
Bladder appears normal.

Spine - Entire spine is visualised in longitudinal & transverse axis.
Vertebrae & spinal canal appears normal.

Extremities - All fetal long bones visualised & appear normal for the period of gestation.
Both feet & hands appear normal. Digital counting is not included.

Three Vessel Cord - Present.

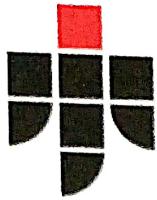
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Soft Marker Analysis -

- Ventriculomegaly - not seen.
- Choroid Plexus Cyst - not seen.
- Increased nuchal fold - not seen.
- Absent / hypoplastic nasal bone - not seen.
- Intracardiac echogenic focus - not seen.
- Echogenic bowel - not seen.
- Mild hydronephrosis - not seen.
- Short humerus - not seen.
- Short Femur - not seen.

IMPRESSION - Usg Obstetrics reveals a single live intrauterine fetus in variable presentation with average fetal maturity of 19 wks 5 days at present scan.

Suggest - Fetal Echo between 22-24 wks for detailed cardiac study should be opted.
Follow up usg at 24 wks for better visualisation of facial & cardiac structures.

As all anomalies are not detectable at single scan, hence serial interval scans & secondary opinion is advisable.

* P.N. - Not all congenital anomalies are sonologically detectable. Chromosomal, bio-chemical & molecular studies are necessary for their detection. Evaluation of fetal cardiac anomalies is out of the preview of this examination & for such anomalies fetal echocardiography is recommended.

* P.N. - During third trimester scan, due to crowding of fetal parts & partial obscuring of fetal limbs, fetal limb anomalies could not be detected.

"Conditions Applied"

Thanks for reference.

This report is meant to assist the referring doctor to have an idea of the disease process if any, and is to be co-related clinically and with other investigations as required.

While conducting ultrasonography, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Rohini

Dr.(Mrs.) Rohini P Shinde
Radiologist & Sonologist

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