RAIPUR DIAGNOSTIC CENTRE
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CT SCAN | SONOGRAPHY | X-RAY | PATHOLOGY
DR. ANEESA
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NAME : MRS. PAYAL RAHI
DATE: 28/ 06 /2024

AGE/SEX :19YRS /F
REF.PHYS : DR NAMRATA SIRMOUR ,MD

LMP :04/02/2024
EGA AS PER LMP: 20 WEEKS 5 DAYS

DETAILED OBSTETRIC ULTRASOUND EXAMINATION FOR ANOMALIES

A B-mode real time obstetric scan was performed transabdominally using a purewave technology C 5-1 MHz probe.

GENERAL SCAN
There is **single live fetus** in changing lie. Gross fetal movements are normal.

The placenta is anterior

The **liquor** is adequate .

The **umbilical cord** contains **three** vessels.

Fetal heart rate =146 bpm.

FETAL PARAMETERS

Biparietal diameter	4.30cm	19 wks 0 day
Head circumference	15.78cm	18wks 5 days
Abdominal circumference	13.41cm	18 wks 6 days
Femur length	2.92cm	19wks 0 day

FETAL ANATOMICAL SURVEY :

BRAIN :

Cerebrum - Seen-appears normal
Midline falx - Seen-appears normal
Cavum septum - Seen-appears normal
Ventricles - Seen-appears normal
Atrial diameter - within normal limits
Cerebellum - Seen-appears normal
Cisterna Magna - Seen-appears normal
Choroid Plexi - Seen-appears normal
No identifiable intra-cranial lesion noted..

UTERINE ARTERIES :Mean uterine PI is within normal limits.

2ND TRIMESTER RISK ASSESSMENT OF TRISOMY 21

Intracardiac echogenic focus	Marker is absent
Mild hydronephrosis	**Marker is present**
Short femur	Marker is absent
Short humerus	Marker is absent
Echogenic bowel	Marker is absent
Increased nuchal fold	Marker is absent
Aberrant right subclavian artery	Marker is absent
Absent or hypoplastic nasal bone	Marker is absent
Ventriculomegaly	Marker is absent

CERVICAL REGION: The cervix measures 3.2 cms in length.

IMPRESSION :

- **A SINGLE LIVING FETUS IN CHANGING LIE.**
- **BILATERAL MILD HYDRONEPHROSIS--NEEDS FOLLOW UP USG AND CLINICAL CORRELATION.**
- **ESTIMATED GESTATIONAL AGE :**
  - **ESTIMATED GESTATIONAL AGE ASSIGNED AS PER BIOMETRY =18 WEEKS 6DAYS + WEEKS.**
  - **US-EDD ASSIGNED AS PER BIOMETRY =23/11/2024+/-2 WEEKS**
  - **ESTIMATED FETAL WEIGHT =264 GMS ±39 GMS**
- **THE PLACENTA IS ANTERIOR.**
- **THE LIQUOR IS ADEQUATE.**
- **MEAN UTERINE PI IS WITHIN NORMAL LIMITS.**

NECK: - Seen-appears normal
No cystic lesion around the neck

FACE :
Nasal bone - Seen - Present
Nose - Seen-appears normal
Orbits - Seen-appears normal
Lips - Seen-appears normal
Palate -Seen-appears normal
Mandible - Seen-appears normal

SPINE: - Seen- appears normal

LUNGS: - Seen-appears normal

HEART :
Normal cardiac situs
Cardiac Axis - within normal limits
4- Chamber view - Seen-appears normal
RVOT - Seen-appears normal
LVOT - Seen-appears normal
Interventricular septum - Seen-appears normal
Three vessel view -Seen-appears normal -
Three vessel trachea view -Seen-appears normal
Ductusvenosus - Seen-appears normal

ABDOMEN :
Abdominal situs - Appear normal
Stomach - Seen-appears normal
Bowels - Seen-appears normal
Gall bladder - Seen-appears normal
Bilateral kidneys- Mild dilatation of renal pelvis seen bilaterally. The anteroposterior diameter of intrarenal part of the renal pelvis; measures approx 4.1 mm and 3.8 mm
Urinary bladder - Seen-appears normal
Umbilical cord insertion - Seen-appear normal

LIMBS:
Upper limbs :humerus radius, ulna - Seen – appear normal
hands - Present
Lower limbs : femur, tibia, fibula - Seen – appear normal
feet - Present
-No club foot

RDC
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DISCLAIMER :

Not all fetal anatomical abnormalities can be detected on ultrasound examination. The visualization of fetal parts depends on the fetal position, fetal movements and adequacy of liquor. Certain defects may not be visualized during the 2nd trimester. A follow up scan in the early third trimester or late 2nd trimester is advisable. The present study could not exclude fetal chromosomal abnormalities because the ultrasound markers for these may not always be evident. Defects such as complex cardiac anomalies (like PAPAVD), small VSDs, ASDs, evolving conditions etc, lower gastrointestinal abnormalities, abnormalities involving hands, feet , ears, soft tissues etc. may not be detected on ultrasound examination.
Fetal echocardiography is advised for further evaluation of cardiac anomalies.

DECLARATION :

I Dr. AneesaShoeb Khan declare that while conducting ultrasonography scanning on this patient, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Dr. AneesaShoeb Khan
MD Radiodiagnosis
Consultant Radiologist and Sonologist

The science of radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive.Further biochemical and radiological investigation with clinical correlation is required to enable the clinician to reach the final diagnosis.The report and films are not valid for medico-legal purpose.