

Dr. Mohit V. Shah M.B.B.S., D.M.R.D., D.N.B.
Interventional Sonologist & Radiologist
National President : Society of Fetal Medicine
National President : Muskuloskeletal Ultrasound Society
National Vice President :
- Indian Federation of Ultrasound in Medicine & Biology



Patient name	Mrs. AARTI BORADE	Age/Sex	32 Years / Female
Patient ID	E40394-24-08-21-15	Visit no	1
Referred by	Dr. DEEPALI SABOO (M.B.B.S, D.G.O.,DFP)	Visit date	21/08/2024
LMP date	02/04/2024	LMP EDD	07/01/2025[20W 1D]

Impression

A single live intrauterine fetus of 20-21 weeks gestation.

Liquor is adequate

Mild prominence of bilateral fetal renal pelves(UTD classification A1: Low risk)

No obvious congenital anomalies are seen.

Uterine flows are normal.

Suggest - Quadruple marker test and follow up ultrasound at 23 weeks for fetal brain (corpus callosum and cerebellar vermis), heart and renal evaluation.

NOTE :

Please note that not all anomalies are picked up by ultrasound examination due to its known limitations, and subtle defects may not be seen in all scans. Ultrasound markers for screening for chromosomal anomaly may not always be evident, and, as such, their absence may not totally rule out presence of fetal chromosomal abnormality.

I, DR MOHIT SHAH / DR WINNIE BHEDA / DR DIVYARANI TRIMUKHE. declare that the sex of the fetus was strictly not detected nor revealed to the patient or anybody else during or after the scan.

2nd trimester screening for Downs

Maternal age risk 1 in 659

Fetus	2nd Trimester Downs Risk Estimate
A	1 in 2197

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Aneuploidy Markers (mm)

Nuchal Fold	3
	Normal

Fetal Anatomy

Head

Cisterna magna measured 5.6 mm

Lateral ventricles - 6.2 mm

Midline falx seen. Both lateral ventricles appeared normal. Posterior fossa appeared normal. No identifiable intracranial lesion seen.

Neck

Fetal neck appeared normal.

Spine

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

Face

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

Thorax

Both lungs seen. 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 normal. Outflow tracts 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

Bilateral fetal kidneys reveal mild prominence of their renal pelves. The right renal pelvis measures 4.1 mm in A.P. dimension and the left renal pelvis measures 4.0 mm in A.P. dimension (Within normal limits for the present gestational age). Calyces and ureters are not dilated. Urinary bladder appears normal.

Extremities

All fetal long bones visualized and appear normal for the period of gestation. Both feet appeared normal.

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OBSTETRIC SONOGRAPHY REPORT - TARGETTED ANOMALY SCAN

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Maternal

Cervical length measures 4.3 cm (On Transvaginal Assesment).Internal os is closed.

Right Uterine	0.81	● (14%)
Left Uterine	1.03	● (42%)
Mean PI	0.92	● (28%)

Fetus

Survey

Presentation	: Changing Position
Placenta	: fundo-posterior
Liquor	: Adequate
Umbilical cord	: Two arteries and one vein
Fetal activity	: Fetal activity present
Cardiac activity	: Cardiac activity present
Fetal heart rate - 143 bpm	

Biometry (mm)

BPD	49.4, 20W 6D	● (75%)
HC	183, 20W 4D	● (62%)
AC	166.4, 21W 3D	● (82%)
FL	32.9, 20W	● (45%)

EFW (grams)

BPD,HC,AC,FL	392	● (78%)
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Fetal doppler

DuctusVenosus PI	0.66	● (54%)
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TCD : 21.2 mm ● (96%)

Aneuploidy Markers (mm)

Nasal Bone	5.7	● (18%)
Present		

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