

219124

① Mrs. Asha Agarwal

Age - 36 yrs

Quadruple Monkey

DOB - 30/12/1988

LMP - 8/4/2024

Height - "5" feet

Weight - 64 Kgs



# SNEHIL DIAGNOSTICS

Opp, Kotak Mahindra Bank, Nehru Nagar Main Road, 4/10, Nehru Nagar West, Bhilai (C.G.)  
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Patient Name: MRS ASHA AGRAWAL  
Ref Phy: DR MANSI GULATI

Date: 02/09/2024

Age/Sex: 36 Years / FEMALE

## ANOMALY SCAN

Dating	LMP	GA		EDD
		Weeks	Days	
By LMP	LMP: 08/04/2024	21	0	13/01/2025
By USG	12/04/2024	20	3	17/01/2025

AGREED DATING IS (BASED ON LMP)

There is a single gestation sac in uterus with a single fetus within it in transverse position, fetal head on left side.

The fetal cardiac activities and body movements are well seen.

Placenta is posterior in position and grade I in maturity.

AMNIOTIC FLUID : Normal

Internal os is closed and length of cervix is normal. 3.5 cm.

Hypoechoic Fibroid Noted In Myometrium In Lower Uterine Segment Anteriorly Size 5.1 X 4.5 Cm

Linear Band Likely Amniotic Band Noted In Right Lower Uterine Segment .

The fetal growth parameters are as follow :

	mm	Weeks	Days	Percentile
Biparietal Diameter :	47.5	19	5	8.8% + 1 +
Head Circumference :	180.8	20	1	9.8% + 1 +
Abdominal Circumference	151.9	20	3	24.6% + • 1 +
Femoral Length	33	20	3	22.4% + • 1 +
Tibial Length	28.2	20	3	31.1% + • 1 +
Humerus Length	32.2	21	0	45.1% + • 1 +
Nasal Bone Length	7.6			67.4% + 1 +
Ulnar Length	29.6	21	0	31.1% + • 1 +
Fibula Length	29.4	20	2	29.4% + • 1 +
Radial Length	27.7	20	1	41% + • 1 +
Inner Orbital Distance	10.9	16	6	24.2% + • 1 +
Outer Orbital Distance	32.9	21	1	24.5% + • 1 +
Transverse Cerebellar Distance	22.3	20	4	50% + • 1 +
FL/AC = 21.92%				HC/AC = 1.16
FL/BPD = 73.03%				BPD/OFD = 70.27%
Fetal Weight :	349 Grams +/- 52 Grams.			17.3% + • 1 +
Heart Rate :	151 Beats Per Minute.			

Thanks for Reference

Not Valid For Medico Legal Purpose

These reports are for assisting doctors, Physicians in their treatment & not for Medico legal purpose & should be co-related clinically.

• Not all congenital anomalies are detectable on sonography, it depends on time examination & position of Fetus.

• Kindly send for repeat USG if findings are irrelevant to clinical finding or any typing mistake.

• यह मूल रिपोर्ट अरिहंग नहीं किया जाता है। यह अरांपेनिक एवं गैरकानूनी है।



# SNEHIL DIAGNOSTICS

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Sr No	2 <sup>nd</sup> Trimester Aneuploidy Markers	
1	Intracardiac Echogenic Focus	Absent
2	Ventriculomegaly	Absent
3	Increased Nuchal Fold	Absent
4	Echogenic Bowel	Absent
5	Mild Hydronephrosis	Absent
6	Short Humerus	Absent
7	Short Femur	Absent
8	Aberrant Right Subclavian Artery	Absent
9	Absent or Hypoplastic Nasal Bone	Normal size
	Apriori Risk (From Maternal Age):	1 in 196
	LR Ratio:	0.13
	Trisomy21 Risk:	1 in 1506

#### Preeclampsia risk From (fetalmedicine.org UK)

History only	History plus MAP, UTPI
< 32 weeks: 1 in 588	< 32 weeks: 1 in 2500
< 36 weeks: 1 in 104	< 36 weeks: 1 in 182

#### Recommendation

The risk of preeclampsia was assessed by a combination of maternal characteristics and medical history with measurements of blood pressure and blood flow to the uterus. In the basis of this assessment the patient is unlikely to develop PE before 36 weeks. However, it is recommended that the risk for term-PE is assessed at 36 weeks.

Vessels	S/D	RI	PI	PI Percentile	Remarks
Right Uterine Artery	2.85	0.65	1.25	92.9% + - →	Within Normal Limit
Left Uterine Artery	3.45	0.71	1.41	97.6% + - →	Within Normal Limit
Umbilical Vein	**	**	**	Non-pulsatile waveform (normal)	

#### IEAD

Midline falx seen. Both lateral ventricles appear normal. The cerebellum and cisterna magna 3.7 mm are normal. No intracranial calcification is identified.

#### PINE

Entire spine visualized in longitudinal and transverse axis. Vertebrae and spinal canal appear normal. No evidence of neural tube defect is noted.

#### NECK

No cystic lesion seen around the neck.

The Nuchal fold thickness measures less than 1.5 mm.

#### ACE

Entire face seen in the coronal and profile view. Both Orbita, nose and mouth appeared normal.

Thanks for Reference

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## THORAX

Heart appears in the mid position. Normal cardiac situs. Outflow tracks appears normal.

Both lung seen. No evidence of pleural or pericardial effusion.

No evidence of SOL in the thorax.

Detailed Fetal Echocardiograph may be suggested at appropriate time if indicated.

## ABDOMEN

Abdominal situs appeared normal. Stomach bubble seen.

Normal bowel pattern appropriate for the gestation seen.

No evidence of ascites. Abdominal wall intact.

## LIMBS

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

Both hands and feet appeared grossly normal.

## CONCLUSION:

Single Live Intrauterine Foetus Of 20 Weeks 3 Days Is Present.

No Gross Fetal Structural Anomaly Is Detected At This Stage.

Hypoechoic Fibroid Noted In Myometrium In Lower Uterine Segment Anteriorly.

Linear Band Likely Amniotic Band Noted In Right Lower Uterine Segment

Recommended Correlation With Triple Marker /Quadruple Marker And Fetal Echocardiography Is Recommended.

Please note that all anomalies can not be detected all the times due to various technical and circumstantial reasons like gestation period, fetal position, quantity of liquor etc. The present study can not completely confirm presence or absence of any or all the congenital anomalies in the fetus which may be detected on post natal period. Growth parameters mentioned herein are based on International Data and may vary from Indian standards. Date of delivery (at 40 weeks) is calculated as per the present sonographic growth of fetus and may not correspond with period of gestation by L.M.P. or by actual date of delivery. As with any other diagnostic modality, the present study should be correlated with clinical features for proper management. Except in cases of Fetal Demise or Missed Abortion, sonography at 20-22 weeks should always be advised for better fetal evaluation and also for base line study for future reference.

I, DR NEERAJA JAIN SUDHAKAR Declare That While Conducting Sonography On ASHA (Name Of Pregnant Woman), I Have Neither Detected Nor Disclosed The Sex Of The Fetus To Anybody In Any Manner.

DR NEERAJA JAIN SUDHAKAR  
DIPLOROMEDICAL  
DIPLOMATOLOGIST