



(RADIOLOGY DIVISION)

ULTRALAB CENTRE

New Mission Market, Dr. Huge Road, Christianpatty
Nagaon, Assam - 782001

Ph.-03672-237347, 232289, email id : ultralabcentrenagaon@gmail.com

PIN : 513812	Date : 19-09-2024
Name: SHILPI SIKHA SAIKIA BORAH	28 yrs, Female.
ANOMALY SCAN WITH FETAL ECHOCARDIOGRAPHY	
Refd. By : DR. UPASANA SAHARIA MBBS DGO	

ANOMALY SCAN WITH FETAL ECHOCARDIOGRAPHY

Route : Transabdominal

Single intrauterine gestation

HYPERTENSION : No

DIABETES : No

CONSANGUINITY : No

Maternal

Cervix measured 3.85 cm in length

Right Uterine PI	0.96 (<95%ile)
Left Uterine PI	1.15 (<95%ile)

Fetus

Survey

Presentation – Changing Lie

Placenta- Posterior wall of uterus

Liquor- Adequate

Single vertical pocket = 2.60 cm

Amniotic fluid index = 9.05 cm

Umbilical cord - Two arteries and one vein

Fetal activity present

Cardiac activity present

Lateral Ventricle : 0.58 cm

EDD by USG: 16/02/2025

Fetal heart rate - 148 bpm

OUR SALIENT SERVICES

MRI (1.5 TESLA) * CT SCAN (128 SLICE) * COLOUR DOPPLER * ULTRASOUND * DIGITAL X-RAY
LABORATORY * ECG * EEG * PHARMACY

Radiological diagnosis alone is not always satisfactory * NOT VALID FOR MEDICO-LEGAL PURPOSE *



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Biometry(Hadlock)

BPD	4.42 cm	19 weeks	3 days
HC	16.56 cm	19 weeks	2 days
AC	14.44 cm	19 weeks	5 days
FL	2.89 cm	18 weeks	6 days

EFW (grams)

BPD, HC, AC, FL	290+/-43 grams
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TCD : 1.96 cm

Aneuploidy Markers (mm)

Nasal Bone	0.68 cm Present
Nuchal Fold	Normal

Fetal Anatomy

Head

Intact cranium,

Head shape normal.

Cavum septi pellucidum normal in appearance

Choroid plexus normal in appearance.

Midline falx normal in appearance

Thalami normal in appearance

Lateral cerebral ventricles normal in appearance

Cerebellum normal in appearance.

Cisterna magna normal in appearance.

Nuchal fold normal in appearance.

Neck

Absence of masses (e.g. cystic hygroma).

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Spine

No spinal defects or masses (transverse and sagittal views).

Face

IOD : Normal

Both orbits and bulbi present.

Midsagittal facial profile normal in appearance

Nasal bone normal in appearance

Upper lip intact.

Thorax

Chest and lungs appearing normal in shape/size.

No evidence of CPAM.

No evidence of diaphragmatic hernia.

Heart

Heart activity present.

Four-chamber view of heart in normal position (left chambers on left side).

Aortic and pulmonary outflow tracts (relative size and their relationships) normal.

LVOT view; three-vessel view or three-vessel-and-trachea view normal

Echogenic foci noted in the left ventricle of heart.

Abdomen

Stomach in normal position on left side. Bowel normal (not dilated or hyperechogenic). Gall bladder on on right side. Cord insertion site into the fetal abdomen normal.

KUB :

Both kidneys present, no pyelectasis

Urinary bladder normal in appearance.

Right renal pelvis normal measures 0.27 cm. Left renal pelvis normal measures 0.26 cm.

Limbs:

Arms and hands present, normal joint position.

Legs and feet present, normal joint position

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MARKER / MALFORMATION TYPICAL OF TRISOMY 21

AVSD: Absent

Esophageal Atresia : Absent

Duodenal Atresia: Absent

Ventriculomegaly: Absent

Aberrant Right Subclavian Artery. Absent

Increased nuchal fold: Absent

Short humers : Absent

Short femur: Absent

Mild hydronephrosis: Absent

Intracardiac echogenic focus: Present

Absent or hypoplastic NB : Absent

COMPREHENSIVE FETAL ECHOCARDIOGRAPHY

1. Left-sided stomach / heart : Normal

2. Mitral / tricuspid valves : Normal

3. Crux: Normal

4. Ventricular septum : Normal.

5. Left / Right ventricles : Normal

6. Aortic / Pulmonary valves : Normal.

7. Ascending Aorta : Normal

8. Main pulmonary artery : Normal

9. Left-sided aortic arch : Normal

10. Pulmonary vein : Normal

11. Right/left pulmonary arteries: Normal

12. Transverse aortic arch . Normal

13. Size/Position: Normal. Cardiac Axis within normal limits.

14. RA/LA Size : Normal

15. AV Valve offset: Present

16. No Malposition VSD / Aorta overriding

COLOR FLOW

No Regurgitation Across AV Valve

No Reversal of flow in Ductus or Aortic Arch

No Flowing Aliasing seen at Aortic or Pulmonary Valve

Normal flow Aliasing seen in Ductal Arch

Foramen Ovale flow noted from Right to Left

No Arrhythmia. No tricuspid Regurgitation.

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IMPRESSION :

SINGLE GESTATION CORRESPONDING TO A GESTATIONAL AGE OF 19 WEEKS.

PLACENTA – POSTERIOR WALL OF UTERUS

PRESENTATION –CHANGING LIE

EDD- 16/02/2025

EFW ACCORDING TO BPD,HC,AC,FL: - 290/-43 GRAM (57.40 %ILE)

LIQUOR- ADEQUATE

NO GROSS OR OBVIOUS CONGENITAL ANOMALY SEEN AT PRESENT SCAN.

ADV--- NIPT & OBSTETRIC DOPPLER AT 28-32 WEEKS.

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/ LATE 2ND TRIMESTER IS ADVISABLE. THE PRESENT STUDY CANNOT EXCLUDE ALL FETAL CHROMOSOMAL ABNORMALITIES BECAUSE THE ULTRASOUND MARKERS FOR THESE MAY NOT ALWAYS BE EVIDENT. DEFECTS SUCH AS COMPLEX CARDIAC ANOMALIES (LIKE PAPVD), SMALL VSIDS, ASDS, EVOLVING CONDITIONS ETC, LOWER GASTROINTESTINAL ABNORMALITIES, ABNORMALITIES INVOLVING HANDS, FEET, EARS, SOFT TISSUES ETC. MAY NOT BE DETECTED ON ULTRASOUND EXAMINATION. PROGRESSIVE ANOMALIES (SUCH AS DUODENAL ATRESIA, PUV,CDH, CHPS) MAY NOT BE EVIDENT AT 18-22 WEEKS SCAN.

Dr J Debnath.

Consultant Radiologist

Dr. A. G. Dastidar MD

Consultant Radiologist.

In case of any typing error, please get it rectified immediately.

Dr. Sayan Paul. MD

FMF (UK) ID - 284554

Consultant Radiologist

Dr. P Nath MD

Consultant Radiologist

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