

4/10/24

① Mrs. Sand Nadeen
Age - 26 Yr

Quadruple Marker

DOB - 6/1/1999

LMP - 9/5/2024

Height - 4'9"

Weight - 52 kg.



NAV KAR

DIAGNOSTIC & EYE CLINIC

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NAME : MRS. SANA NASREEN
AGE : 26 Years / FEMALE
REF. BY : DR. MANASI GULATI (MBBS DNB)

DATE : 01/10/2024

Neck

Fetal neck appeared normal.

Spine

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

Face

Fetal face seen in the coronal and profile views. Orbits, lips, nose and mouth appeared normal. Nasal bone - 5.0 mm.

Thorax

Both lungs appear normal.

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 grossly normal (small VSD may not always be detected). Outflow tracts grossly 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

Right and Left kidneys appeared normal. Bladder appeared normal.

Extremities

All fetal long bones visualized and appear normal for the period of gestation. Finger counting could not be done.

Soft marker risk calculator:

Sr No	2 nd 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 (Based on FTS):	1 in 10000
	LR Ratio:	0.13
	Trisomy21 Risk:	1 in 76834



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IMPRESSION:

- Single live intrauterine gestation in Cephalic presentation.
- Estimated gestational age by fetal biometry: 20 weeks 6 days, EDD as per ultrasound: 12/02/2025.
- Assigned EDD (as per LMP): 13/02/2025.
- Fetal weight is 360 grams $\pm$ 53 grams.
- Endocervical length- 3.6 cm, normal.
- Uterine artery screen negative for pre-eclampsia.
- Liquor is relatively more in amount (AFI-20.5 cm).
- No obvious gross fetal anomaly is noticed in this examination except bilateral choroid plexus cyst.

SUGGESTED: Follow up at 28 weeks for growth & doppler scan.

Thanks for the reference,
With regards,

(It must be noted that detailed fetal anatomy may not always be visible due to technical difficulties related to gestational age, fetal position, amniotic fluid volume, fetal movements and abdominal wall thickness. Therefore all fetal anomalies may not necessarily be detected at every examination. Fetal anomalies that may not be apparent by 20-24 weeks gestation are some forms of hydrocephalus, micro-cephalus, some cardiac defects, neural tube defects, micro-ophthalmia, gastrointestinal obstruction, polycystic renal dysplasia, hydronephrosis, heterozygous achondroplasia). Assessment of small body-parts like finger, toes & ears does not come within the scope of the targeted anomaly scan. Fetal echo is not included in this scan. Study of genital organs is prohibited by PCPNDT act; detection of their anomalies is not feasible.

Declaration: I Dr. Shikha Jain has neither detected nor revealed sex of fetus during sonography examination of the patient.

Shikha Jain
Dr. Shikha Jain
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FME (UK) CERTIFIED (11-13 weeks scan)
Consultant Radiologist

Dr. Shikha Jain
MBBS, DMRD
CGMC/3605/2011



This report is for perusal of the doctor not the definitive diagnosis; findings have to be clinically correlated; Ultrasound has its limitations in obese patients and in retro peritoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purpose. In case of any typing error please get it corrected within 7 days.