



Name: Mrs. SEEMA RAVINDRA FARKADE
 Age: 20 Y
 Sex: F
 Date: 04-Oct-2024

Ref By: Dr. VRUSHALI GIRNARE BAMS, dip.G.O.
 (AYU)
 Study: ANOMALY SCAN
 Examined By: Dr. KALYAN CHILWANT

OBSTETRIC ULTRASOUND[ANOMALY SCAN]

Fetal Biometry:

Parameter	Measurment (mm)	GA
BPD	54.4 mm	22 wks 4 days
HC	201 mm	22 wks 2 days
AC	170 mm	22 wks 0 days
FL	39.9 mm	22 wks 6 days

Biometry Calculation (LMP = 03/05/2024)

	GA	EDD
MENSTRUAL	22 wks 0 days	07/02/2025
ULTRASOUND	22 wks 3 days	04/02/2025

Evidence of single alive intrauterine fetus with **variable** presentation at present.

Fetal movements are normal & cardiac activity is regular. (**FHR = 163/min.**)

Placenta is in **posterior**.

Amniotic fluid is **adequate**.

Effective fetal weight is **508 gms+78g**.

Cervix is normal in length 3.1cm. Internal os is closed.

FETAL ANATOMY SURVEY:

Head- Midline falx seen- both lateral ventricles appear normal. Posterior fossa appear normal.No identifiable intracranial lesion seen.

Spine- Spine appeared normal. No evidence of significant open neural tube defect at present.

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

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Thorax- Both lungs seen. No evidence of pleural or pericardial effusion . No evidence of SOL in the thorax.

Heart [Basic Study]- Heart appears in the levo position. Normal cardiac situs. Four chamber view appeared normal. Outflow tracts appeared normal. [This is basic study of fetal heart. Fetal echo is suggested for detailed study of fetal heart.]

Abdomen- Abdominal situs appeared normal .Stomach and bowel appears 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. Mild pyelectesis of 5.9mm noted in RK. (adv quad test sos)

Extremities- Normal appearing upper and lower extremities. All fetal long bones visualised and appear normal for the period of gestation.[Fingers counting not done].

Umbilical cord- Normal 3 vessel configuration seen.

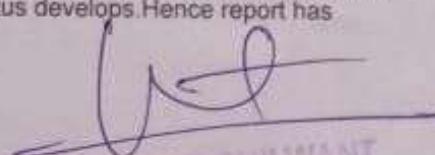
OPINION:

Single alive intrauterine fetus with variable presentation at present with average sonic gestational age of 22 weeks 3 days.

Suggested fetal echo at 23 wks for assessment of fetal heart.

Disclaimer- I declare that while conducting ultrasonography /image scanning ,I have neither detected nor disclosed the sex of fetus to anybody in any manner.

All congenital anomalies and genetic conditions may not be detected on ultrasonography due to limitations like fetal position ,amount of liquor,previous scars, gestational age at the time of examination,poor penetration of sound waves due thick maternal abdominal wall,late appearance of few anomalies and structures that are not part of routine imaging protocol Fetal echo is not included in this scan. Small size ASD,VSD may be missed. Study may be suboptimal in obese individual. This opinion is based on imaging findings at the time of scan and management decisions must consider overall clinical setting and relevant test results. Ultrasound findings are bound to change as fetus develops. Hence report has limitations and is not for medicolegal purpose.



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