

138.

Mrs. Pantalee

c/o Rakesh Jain

23/F

Dr. Neha

Jain

Quadruple

Monkey

CBC

AGE - 33 year

HEIGHT - 1.67 CM

D/OB - 28/04/1991

Urine R/M

Thon. Pro.

Litad

Litad B12



Reg. No. 14078

Dr. Nazia Khan

(Consultant Radiologist) Gold Medalist
MBBS, MD Radiodiagnosis (Lucknow)
Trained in Advance Fetal and Women's Imaging (Delhi)
Expertise in Interventional and Breast Radiology
Certified FMF (London) UK ID- 285942

Bhopal Sonography Centre

PATIENT NAME	MRS. PRANJALI	AGE/ SEX	33 Y/F
REF. PHY.	DR. NEHA JAIN (MBBS, MS)	STUDY DATE	07.11.2024
STUDY	SECOND TRIMESTER ANOMALY SCAN		

SECOND TRIMESTER ANOMALY SCAN

LMP - 04.07.2024
GA by LMP - 18 WEEKS 0 DAYS
E.D.D. By LMP 10.04.2025

- Single live fetus is seen with unstable lie at the time of study.
- Fetal movements and cardiac activity are well visualized.
- Fetal heart rate is **151 beats / minute** and is regular in rhythm.
- Biometric data of the fetus is as follows -

Fetal parameters

Corresponding gestational age

	cm	Weeks	Days
BPD	3.8	17	05
HC	14.2	17	03
AC	10.9	16	06
FL	2.6	17	06
HL	2.6	18	04
TIB	2.4	18	04
FIB	2.6	19	02
RAD	1.7	16	00
ULNA	2.2	17	06

- Mean gestational age by fetal parameter is 17 weeks 06 days \pm 7 days.
Fetal weight is approx. 191+/- 28gms
Amniotic fluid volume appears adequate. (DVP ~ 4.3cm).
Cervical length is ~ 3.3cm.
Placenta is Anterior and is of Grade I maturity. No evidence of retroplacental collection.
Umbilical cord is showing normal "3 vessel appearance".

DETAILED ANATOMIC SCAN

HEAD AND NECK:

- Cerebellum- normal in shape and size.
- Cisterna magna- < 10mm.
- Nuchal skin fold thickness - < 6mm.
- Choroid plexus- echogenic.
- Lateral cerebral ventricles- normal in calibre.
- Midline falx- present.
- Cavum Septum Pellucidum - present.

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STUDY	SECOND TRIMESTER ANOMALY SCAN		

FETUS FACE AND NUCHAL REGION:

- Nasal bone is visualized normally.
- Fetal face is normal.
- Both lips and chin are normally seen.

• CHEST:

- Four chambered heart- present.
- Trouser sign of RVOT (right ventricular outflow tract) – is seen normally.
- Aorta outflow from left ventricle is seen.

• ABDOMEN:

- Stomach bubble seen on left side.
- Bilateral kidneys are normally visualized.
- Urinary bladder is normal in shape and outline.

• SPINE:

- The cervical, thoracic, lumbar and sacral spine was seen in sagittal and longitudinal views and vertebral segments were visualized normally with normal skin seen covering from neck to sacrum.
- No abnormal vertebral defects /splaying seen.

• EXTREMITIES:

- The fetal upper limbs x 2.
- Radius / ulna / humerus x 2.
- Hands x 2.
- Fetal lower limbs x 2.
- Tibia / fibula / femur x 2.
- Feet x 2.
- The echogenicity of visualized bones of bilateral upper and lower limbs is normal with normal shape, movements and position.

• FACE:

- The side profile is normal with normal chin and lips scan.
- The nose and lips are normal – no obvious clefts noted.
- Bilateral orbits are seen normal in size with normal inter orbital distance.

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STUDY	SECOND TRIMESTER ANOMALY SCAN		

Umbilical artery PI - 1.28
Right Uterine artery PI - 0.84
Left Uterine artery PI - 0.93

- Umbilical artery and both uterine arteries were examined.
- Umbilical artery shows normal low resistance flow pattern with complete forward diastolic filling.
- Both uterine arteries show flow of normal velocity and low resistance pattern with complete forward diastolic filling and no diastolic notch seen.

EDD by USG: 11.04.2025

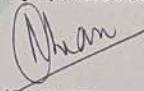
IMPRESSION:- SINGLE LIVE FETUS WITH UNSTABLE LIE WITH MEAN GESTATIONAL AGE OF 17 WEEKS 06 DAYS.

NOTE:-

- The overall sensitivity rate of detection of congenital anomalies by USG is approx 60% moreover a normal study does not exclude a significant anomaly.
- At least 40 to 50% fetuses with Down syndrome will have no recognizable sonographic abnormality.
- Subtle abnormalities like polydactyly and cleft palate are not looked up in a routine scan, which are surgically correctable after birth.
- Some conditions present late in intra uterine life and require serial follow up scans to confirm their presence.
- Few of the congenital abnormalities (Viz. functional / infection) will have no recognizable sonographic abnormality.

I, Dr. Nazia Khan declare that while conducting ultrasonography on Mrs. Pranjali, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Thanks for the reference with regards.


DR. NAZIA KHAN (MD)
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