

12/1

① Mr. Lovedeep Kaur

Age - 26 Yr F

Quadruple Mammery

DOB - 5/12/1997

LMP - 2/7/2024

Height - 5'4"

Weight - 93 kg. 24 24 15 71

Referred by: DR. MANASI GULATI MBBS, MD

Patient ID:
E80580-24-11-11-124
Date 11-11-2024

Second Trimester Ultrasound

Patient: LOVEDEEP KAUR WADHWANI

DOB: 05-12-1997 (26 years)

Exam date: 11-11-2024

Indication: Follow-up evaluation for fetal anomaly

Maternal Physical Exam: Height 160 cm, 5 ft 3 in. Weight 94 kg, 207 lb. BMI 36.71 kg/m². Blood pressure 97/62 mmHg

Fetal Growth Overview	Exam date	GA	BPD (mm)	HC (mm)	AC (mm)	FL (mm)	HL (mm)	EFW (g)
	11-11-2024	19w 3d	44	159.2	133.3	30.5	30.3	275

Method: Transabdominal ultrasound examination, Voluson E10. View: Good view

Pregnancy: Singleton pregnancy. Number of fetuses: 1

Dating	Date	Details	Gest. age	EDD
	LMP 02-07-2024		18 w + 6 d	08-04-2025
	U/S 11-11-2024	based upon AC, BPD, EFW, Femur, HC, Humerus, Radius, Tibia, Ulna	19 w + 3 d	04-04-2025
	Agreed dating	based on ultrasound (AC, BPD, EFW, Femur, HC, Humerus, Radius, Tibia, Ulna)	19 w + 3 d	04-04-2025

General Evaluation: Cardiac activity present. FHR 140 bpm
Movements visualised.
Presentation Breech with spine left side.
Placenta Anterior, Grade- I.
Umbilical cord 3 vessel cord.
Amniotic fluid Liquor is Adequate in amount.

Fetal Biometry	BPD	44.0 mm		45%	AC	133.3 mm		25%
	HC	159.2 mm		15%	Femur	30.5 mm		43%
	Cerebel-lum tr	19.6 mm		52%	Humerus	30.3 mm		72%
	Nuchal fold	3.7 mm			HC / AC	1.19		64%

Fetal Weight Calculation:

EFW	275 g	28%	EFW by	Hadlock (BPD-AC-FL)
EFW (lb,oz)	0 lb 10 oz			

Head / Face / Neck Biometry:

Nasal bone present

Extremities / Bony Structures Biometry:

Page 1 of 4 for report of patient LOVEDEEP KAUR WADHWANI, DOB 05-12-1997

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Radius	26.4 mm	←→	57%	Ulna	27.2 mm	←→	55%
FL/BPD	0.69	←→	56%	Tibia	28.3 mm	←→	82%
FL/HC	0.19	←→	76%	Fibula	27.4 mm		
FL/AC	0.23	←→	86%				

Fetal Anatomy

Brain:

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

Neck: No cystic lesion seen around the neck..

Face:

Foetal face seen in the coronal and profile views.
Both orbits, nose and mouth appear normal.
No evidence of any facial cleft.
Nasal bone seen normal..

Thorax:

Normal cardiac situs .
Four chamber view normal.
Both lungs seen.
No evidence of pleural or pericardial effusion.
No evidence of SOL in the thorax..

Abdominal wall:

Abdominal situs is normal.
Stomach bubble seen.
Normal bowel pattern appropriate for the gestation seen.
No evidence of ascites.
Abdominal wall intact.
Both kidneys and bladder appear normal.
bladder bubble is seen.

Spine:

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

Arms:

Both hands and feet appeared grossly normal. Legs:
All foetal long bones visualized and appear normal for the period of gestation..

The following structures appear normal:

Heart.

Echogenic focus: no

Age: 26 yrs

Echogenic focus: no

Echogenic bowel: no

Short humerus: no

Page 2 of 4 for report of patient LOVEDEEP KAUR WADHWANI, DOB 05-12-1997

Fetal Echo-
cardiography
Trisomy 21
Screening

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Ventriculomegaly: no

Nuchal fold: normal

Background risk at time of screening 1 in 1,028

Adjusted risk at time of screening 1 in 2,776

The adjusted risk for Down syndrome based on Genetic Ultrasound (intracardiac echogenic focus, ventriculomegaly, nuchal fold, echogenic bowel, mild hydronephrosis, short femur, ARSA, nasal bone)

Mild hydronephrosis: no

Short femur: no

ARSA: no

Nasal bone: present

Maternal
Doppler

Right uterine artery:

PI 1.19

58%

Left uterine artery:

PI 1.54

90%

Mean PI 1.37

77%

Impression: Normal uteroplacental resistance.

Maternal
Structures

Cervix

Cervical length 40.4 mm

Impression

Single Live Intrauterine fetus.

Presentation Breech with spine left side.

Average Ultrasound Age Is 19 weeks 3 days.

Expected Date Of Delivery By Ultrasound 04-04-2025.

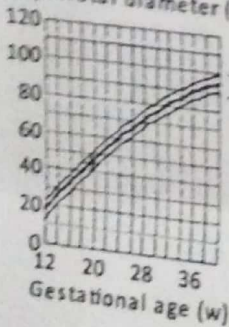
Estimated Foetal Weight Is 275 gms.

Liquor Is Adequate In Amount.

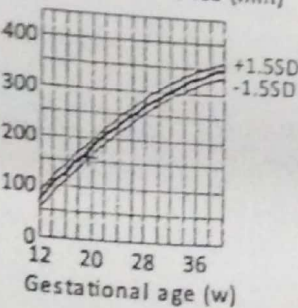
There is no obvious abnormality detected in visualized parts of the fetus in this examination.

Normal uteroplacental resistance.

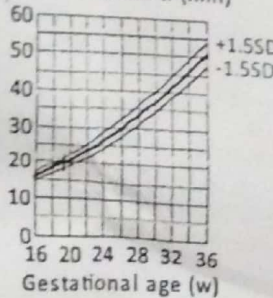
Biparietal diameter (mm)



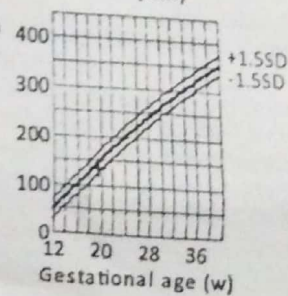
Head circumference (mm)



Cerebellum tr (mm)



AC (mm)



Page 3 of 4 for report of patient LOVEDEEP KAUR WADHWANI, DOB 05-12-1997

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Consultant Pathologist
Certified By:
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FMF ID - 286795
Member of: International Society of Ultrasound
in Obstetrics and Gynecology (ISUOG)

ISO

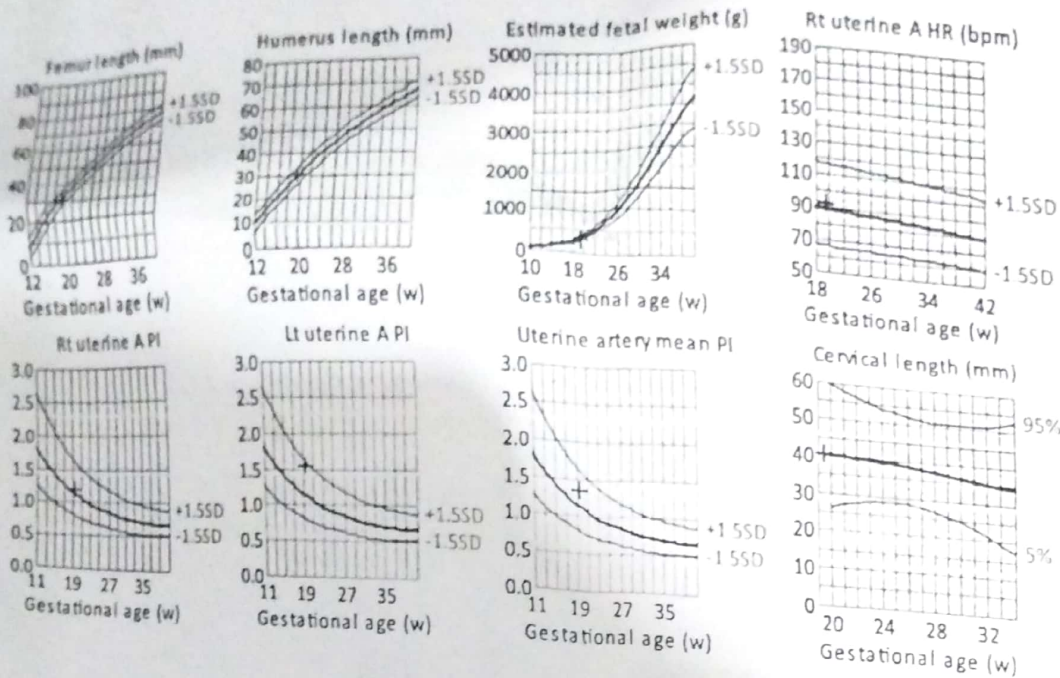
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DR. AMIT MODI [MBBS/DMRD]

Certified By:

FMF-UK (Fetal Medicine Foundation)

FMF ID - 286795

For: NT, NB, DV, TR, (11-13 Week Scan)

Fetal Doppler & Preeclampsia Screening

Member Of:

International Society of Ultrasound in Obstetrics and Gynecology (ISUOG)

Typist - Sunil sahu

These Reports are for Assisting Doctors, Physicians in Their Treatment and not for Medico Legal Purpose and Shuld be Related Clinically. No Duplicate Reports shall be Issued.

Note: These Reports Are For Assisting Doctors/Physicians In Their Treatment And Not For Medio - Legal Purposes And Should Be Correlated Clinically. To Rule Out Congenital Anomalies Of Foetal Extremities A Level II Ultrasound Scan By 4D Ultrasound Machine Is Recommended. Not All The Congenital Anomalies Can Be Detected Sonographically.

Few Quotes For Obstetrics Ultrasound:-

- 1. A Normal Ultrasound Is Not A Guarantee Of A Normal Child, Many Conditions Are Missed On Ultrasound.
- 2. On Average One Third To One Half Of Foetal Structural Birth Defects Are Not Detected With Ultrasound.
- 3. Due Dates By Ultrasound Are Not That Exact As Measurement Are Based On Flat Image Of 3D Foetus. Accuracy: 1st Trimester - One Week, 2nd Trimester - 2 Weeks, 3rd Trimester - 3 Weeks.
- 4. Sonographic Estimates Are No More Accurate Than Clinical Estimates Of Foetal Weight.
- 5. USG Has Certain Limitations, Some Fetal Anomalies Can Go Unnoticed Depending Upon The Nature Of Anomaly, Gestational Age, Fetal Position, Limitations Of USG Study.
- 6. Advised To Be Reviewed / Repeat Scan SOS, If And When Required As USG Findings Along With The Course Of The Disease.

Page 4 of 4 for report of patient LOVEDEEP KAUR WADHWANI, DOB 05-12-1997

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