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For Appointment
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Saturday Closed

DR. ABHIJEET THOMBARE

MBBS, D.M.RE.
Radiologist & Sonologist
Reg. No. 90678
■ 2D/3D/4D SONOGRAPHY
■ WHOLE BODY COLOUR DOPPLER ■ 2D ECHO
■ DIGITAL X-RAY (DIGITAL RADIOGRAPHY)

Patient Name : Mrs. Ashwini Bhong

Date : 08 Oct 2024

Referred By : Dr. Khabale Shivajirao (MBBS DGO FCPS)

Age : 33 Yrs. Sex : F

Examination : USG Obstetric.

L.M.P. 04/06/2024.

E.D.D. (by dates) 11/03/2025

Single live intrauterine pregnancy.

Variable lie & presentation.

Foetal cardiac activity & movements are normal. FHR: 162 bpm.

Placenta is located along fundus & anterior wall. Shows Grade I maturity.

No previa.

Amount of Amniotic fluid is adequate.

Amniotic fluid index (A.F.I.) is 18 cm.

Internal os is closed.

Cervical length is adequate (3.97 cm).

Ductus venosus show normal flow.

No tricuspid regurgitation seen.

GROWTH PARAMETERS:

B.P.D.	3.99 cm	18 Weeks 1 Days
H.C.	13.83 cm	17 Weeks 2 Days
A.C.	11.11 cm	17 Weeks 0 Days
F.L.	2.36 cm	17 Weeks 1 Days

AVERAGE: 17 Weeks 3 Days +/- 1 Week.

E.F.W. 175 g.

E.D.D. 15/03/2025

Head.

Lateral ventricles are seen. Cerebellum is seen.

Cisterna magna is seen. No obvious intra-cranial lesion.

Neck.

No obvious solid or cystic lesion seen around neck.

Spine.

Entire spine is visualized in longitudinal & transverse plane.

Vertebrae & spinal canal imaged. No spina bifida or protrusion.

Face.

Orbits, nose & mouth are imaged. No e/o cleft lip.

Thorax.

Normal cardiac situs. Four chamber view is imaged.

Ventricular outflow tracts are imaged.

IVS is seen (small VSD may not be detected).

Both lungs are seen. No pleural or pericardial effusion seen.

No obvious SOL is seen in thorax.

For detailed cardiac evaluation foetal echo / doppler is suggested.

Abdomen.

Stomach & bowel loops are seen. No ascites.

No diaphragmatic hernia. Abdominal wall is intact.

KUB.

Both kidneys & bladder are seen.

Limbs.

All foetal long bones are imaged in present foetal position.

No obvious CTEV.

Hands, digits & toes may not be visualized due to positional difficulties.

IMPRESSION:

- * Single live intrauterine pregnancy of AGA 17 Weeks 3 Days.
- * No obvious congenital anomaly seen at present foetal position & current gestational age.

Sugg: -

Late onset anomaly scan at 22 to 24 wks.

Sex of the foetus is neither detected nor disclosed to anybody in any manner.

Foetal survey is limited by foetal position, movements, quantity of amniotic fluid & thickness of maternal anterior abdominal wall.

Some anomalies are evident at later stages of pregnancy; for which follow up is suggested.

Hence all congenital anomalies / malformations are not detected by an ultrasound examination.

Foetal echocardiography is not included in this study.
TAPVC screening is not a part of this examination.



Dr. Abhijeet G. Thombare
Radiologist & Sonologist.

Many thanks for reference.