

Name	: MRS. VIDYA NAGNATH LONDHE	Age/Sex	: 27 YEARS/F
Ref By	: Dr. SHIVAJIRAO KHABALE SIR	Date	: 30 Nov 2024

**OB - 2/3 TRIMESTER SCAN REPORT**

**INDICATION(S)**

**TARGET SCAN**

Real Time B - mode ultrasonography of gravid uterus done.  
Route: Trans abdominal.  
Single intrauterine gestation.

**Maternal: Cervix measured 3.2 cm in length.**

**FETUS -  
Survey**

- Placenta - Fundal Posterior, Lower edge of placenta is 3.5 cm away from OS.
- Liquor - Normal.
- Presentation - Variable.
- Lie - Variable.
- Single Deepest Pocket = 5.2 cm and AFI = 16.1 cm.
- Umbilical Cord - Single Umbilical Artery.
- Fetal Activity Present.
- Cardiac Activity Present.
- Fetal Heart Rate - 159 bpm.

**Fetal Biometry -**  
LMP: 06 Jul 2024

EDD BY LMP - 12 Apr 2025  
EDD BY USG - 16 Apr 2025

BPD : 5.0 cm	21 Weeks 2 Days
HC : 17.9 cm	20 Weeks 3 Days
AC : 14.5 cm	19 Weeks 6 Days
FL : 3.3 cm	20 Weeks 2 Days

**Foot Length: - 35 mm**

**TCD - 21 mm**

**Right Uterine PI: 1.4**

**Left Uterine PI: 1.1**

**Mean Uterine PI: 1.25, Normal.**

## Markers of Aneuploidy –

- Increased nuchal fold thickness – No.
- Fetal Ventriculomegaly – No.
- Echogenic Intracardiac Focus – No.
- Choroid Plexus cyst – No.
- Echogenic Bowel Loops – No.
- Shortened Fetal Long Bones – No.

## **Impression:**

- Single Live gestation corresponding to gestational age of 20 Weeks 3 Days.
- Placenta – Fundal Posterior, Lower edge of placenta is 3.5 cm away from OS.
- Presentation – Variable
- No Loop of cord seen around neck at present scan.
- Fetal both kidneys seen on left side – Crosse Fused Ectopic Right Kidney.
- Umbilical Cord – Single Umbilical Artery.
- Estimated fetal weight according to BPD, HC, AC, FL : 335 +/- 49 gms.

***Suggested repeat scan after 8 weeks to assess the interval growth / Dedicated fetal 2D Echo is not included in this scan.***

- All congenital anomalies/malformations are not be detected on USG. (RCNA, JAN. 1990, VOL. 28 )
- Fetal survey is limited by fetal 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.
- ही सोनोग्राफी हृदयदोषांसाठी केलेली नाही. सोनोग्राफीमध्ये अन्ननलिका श्वासनलिका जोडलेली असणे, संडासाठी जागा बंद असणे, रक्तवाहिनी अरुंद असणे, या गोष्टी दिसतीलच असे नव्हे. त्या बाळाचा वाढीबरोबर केव्हाही उद्दभवू शकतात.
- I Dr. Rohit V Kandalkar declare that while conducting ultrasonography/image scanning of this patient MRS. VIDYA NAGNATH LONDHE, I have neither detected nor disclosed the sex of fetus to anybody in any manner.

**1 ANY THANKS FOR REFERRAL**

**R. ROHIT KANDALKAR**  
BBS, DMRE  
IF (London) Certified  
nologist - 168675

**Dr. Rohit V. Kandalkar**

MBBS, DMRE (Consulting Radiologist)

MMC No. 2012/02/2577

**विद्या नागेश लोन्हे**  
**SIGN OF PATIENT**