

Name

: MRS. VIDYA NAGNATH LONDHE

Age/Sex : 27 YEARS/F

Ref By

: Dr. SHIVAJIRAO KHABALE SIR

Date : 30 Nov 2024

INDICATION(S)

OB – 2/3 TRIMESTER SCAN REPORT

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
IHC : 17.9 cm	20 Weeks 3 Days
AC : 14.5 cm	19 Weeks 6 Days
FL : 8.3 cm	20 Weeks 2 Days

Foot Length: - 35 mm

TCD - 21 mm

Right Uterine PI: 1.4

Mean Uterine PI: 1.25, Normal.

Left Uterine PI: 1.1

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 – Crossed 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, संडासाची जागा बंद असणे, रक्तवाहिनी अरुंद असणे, या गोष्टी दिसतीलच असे नव्हे. त्या बाळाचा वाढीबरोबर केव्हाही उद्धम्बू 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.

THANKS FOR REFERRAL

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

Dr. Rohit V. Kandalkar

MBBS, DMRE (Consulting Radiologist)

MMC No. 2012/02/2577

रिप्पा नांदेज लोड
SIGN OF PATIENT