



DELTA DIAGNOSTIC & RESEARCH CENTRE

Name: MRS. SANGITA KURMI

Age/Sex: 30 Yrs/F

Ref. Doctor: DR. A.B. FUZAYEL AHMED, MD

Date: 8-Nov-24

USG GRAVID UTERUS ANOMALY SCAN

Single live intrauterine pregnancy.

Presentation – Changing lie at present scan.

Placenta – Fundo body posterior, grade I maturity, lower margin of the placenta is 2.3 cm away from internal OS.

Cardiac activity – Normal.

FHR: 142 bpm.

Fetal movement is normal.

Amniotic fluid volume --- Adequate. **Single largest vertical fluid pocket measures 4.2 cm.**

GA (Scan) --- 18 wks 0 day +/- 2wks.

EDD (Scan) --- 11-04-2025

Fetal Parameters –

BPD	-	3.93	cm	18wks 0day	+/- 2wks
HC	-	14.79	cm	17wks 6days	+/- 2wks
AC	-	12.22	cm	17wks 6days	+/- 2wks
FL	-	2.73	cm	18wks 2days	+/- 2wks

EFW (by USG): 223 gms +/- 33 gms

Cervix: 3.2 cm.

Internal OS ---Closed.

Anomaly scan shows normal outline of the fetal skull with normal architecture of the fetal brain. Both thalami and the cavum septum pellucidum appears normal.

Posterior fossa structures appear normal. Cisterna magna measures 5.0 mm.

Ventricles appear normal (Diameter at the level of atrium measures 7.2 mm).

Nuchal fold thickness measures 4.0 mm, nasal bone is present.

Fetal intra orbital distance appears normal. (Inner).

Retromaxillary triangle appears normal. Rectangular palate is seen. No cleft lip noted.

Fetal spine seen normally in its entire length

Situs is normal.

P.T.O.



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Four chamber view of the heart shows normal fetal blood flow pattern.

Normal 3-vessel and 5-chamber views noted.

LVOT and RVOT appear normal.

Fetal lungs appear normal

Fetal abdomen shows normal fundic bubble shadow, fetal kidneys, bowel & urinary bladder.

Fetal limbs appear normal and show three segmentations. No obvious congenital anomaly noted

Placenta shows normal thickness. Central insertion of cord is noted.

Fetal umbilical cord shows 3 vessels.

Doppler study:

Right uterine artery PI = 1.54

Left uterine artery PI = 0.89

High risk for maternal pre-eclampsia= Absent

Impression -

- Single live intrauterine pregnancy of average GA 18wks 0day +/- 2wks with low lying placenta.

Note: Not all congenital anomalies can be diagnosed on ultrasonography. Genetic, metabolic and functional problem, mental retardation are not detected on USG. Skin conditions, infections, some of the heart anomalies are difficult to diagnosis on ultrasonography. Some of the anomalies are diagnosed in later stage of pregnancy. Hence, repeat scan may be indicated. Hence clinical correlation is suggested and supportive individualized investigations may be necessary for comprehensive work up of any case.

*Dr. Imdadul Islam, MD
(Radiologist)*

(In case of any discrepancy in the report due to printing error or machine error, kindly get it rectified immediately).



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R. E. HOSPITAL

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Dr. A.B. Fuzayel Ahmed

MBBS, M.D. (O&G), DIALOG (RCOG), FIAOG

Assistant Professor

Life Member of IAGE, ISAR & IMA

HYSTERO-LAPAROSCOPIST

DIPLOMA IN ENDOSCOPY (GERMANY)

TRAINED IN HYSTEROSCOPY (MUMBAI)

Regd. No. 17639

(Dx) 18/11/2011
KFG 2/10/2011 GFR/SMB

PMTR
6 month
2ml
17/8/24

Rx

Sangeeta Kurmi Date : 16/8/24

307

45

Po to at 8.00 am for one

Advice :

ABO, RH

HB%, RBS

VDRL, HBsAg

ANTI HCV

ARVANTIBODY I & II

FT3, FT4, TSH

URE & C/S

LFT

KFT, Creatinine

ECG, X-Ray Chest (P/A)

USG

W/A - H3P +

Pelvis - Gravid Pelvis (G.P.)

Qn. 1. Mannya - 60.

00 — at bed time.

2. Gals. Commayast 500 — 60.

0 — 0 — after meal

3. Qn. 2. P-B-DOL 20 — 50.

0 — 0 — after food

4. Emp. Paracetamol 60 — 70.

0 — among 0.33P

Go to all reports

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→ GU Transfer of → (60)
 → → after food

→ NV. Radiation → (30)
 → after food

→ PRINTER Vietnamese → (1)
 as mentioned

10/2024

2nd item → 1 month for one (12)

→ GU Abney & F →

→ GU Transfer of →

→ GU Carlson →

→ PRINTER Vietnamese →

→ GU Canulefast 500 → socondum

→ GU CORNARO-PLUS → (20)
 → after food

10/2024
 → Dronabinol 100
 → Quetiapine 50 mg

20/11/2024

→ PRINTER Agitrol 500 → (5)
 → after food

→ PRINTER Oclacitinib-0 Plus → (1)
 2 mg fluticasone after