



# DELTA DIAGNOSTIC & RESEARCH CENTRE

Name: MRS. SANGITA KURMI  
Ref. Doctor: DR. A.B. FUZAYEL AHMED, MD

Age/Sex: 30 Yrs/F  
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).*



Union



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# R. E. HOSPITAL

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*Dr. A.B. Fuxayel Ahmed*

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Assistant Professor  
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HYSTERO-LAPAROSCOPIST  
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TRAINED IN HYSTEROSCOPY (MUMBAI)  
Regd. No. 17639

(Adv) 11/11/24  
KSG/24/11/24

*Gargita Kumari*

Date : 16/8/24

307

MR  
6 month  
2nd  
17/8/24

Rx

Do to at 2 pm for dose

(45)

## Advice :

- ABO, RH
- HB%, RBS
- VDRL, HBsAg
- ANTI HCV
- ARV ANTIBODY I & II
- FT3, FT4, TSH
- URE & C/S
- LFT
- KFT, Creatinine

~~ECG, X-Ray Chest (P/A)~~

USG

WIA - *MBB +*  
Pelvis - *Gravid Pelvis (Adv)*

→ *As* Morning - 6 ——— (60).  
00 ——— at bed time.

→ *As* Commence at 900 ——— (60).  
0 ——— 0 after food

→ *As* S-B-DIOL 20 ——— (60) (50).  
0 ——— 0 after food

→ *amp* Penfex - 40 ——— (30).  
0 ——— 0 after food

*Go to all reports*

2

→ Q1 Transfer x1 ——— (60)  
o — o after blood

→ Q2 Calanint ——— (30)  
o — after blood

→ Pouch Vitamins ——— (10)  
as ordered

1/10/2024

24/11/2024

at 1 & 10 for save

(12)

→ Q3 Monoclonal A —

→ Q4 Transfer x1 —

→ Q5 Calanint —

→ Pouch Vitamins —

→ Q6 Camuquelt SR300 —

→ Q7 CAMUQUILT-PLUS — (20)  
o — o after blood

Isosorbide

Q8 Protonix 40mg (10)  
+ Quadruple Marker

(20/11/2024)

→ Q9 Agitral 500 — (5)  
a — after blood

→ Q10 Peps Occlus-O Plus — (10)  
2 hrs after lunch