

D.O.B. 21/10/1997  
wt - 57 kg  
ht - 5.2 ft

**Kimmatkar**  
SONOGRAPHY CLINIC  
ADVANCED 3D / 4D ULTRASONOGRAPHY

**Dr. Nidhi Kimmatkar**

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OPD Timing : Morning 11.00am to 3.00pm | Evening 6.00pm to 8pm ✉ kimmattkarsonographyclinicnep@gmail.com

Name: MRS. KUMUD SHINDE	Age/ Sex: 27 Yr/ Female
Ref by: SELF	Date: 25/11/2024

### SONOGRAPHY EXAMINATION OF GRAVID UTERUS

LMP = 21.07.2024

According to LMP the GA corresponds to 18 weeks 1 day. EDD by LMP = 27.04.2025

Single viable fetus is seen in variable presentation.

The fetal cardiac activity is well appreciated. The FHR = 159 B/min and is regular in rhythm.

The BPD = 3.92 cms corresponding to 17 weeks 6 days

The HC = 13.90 cms corresponding to 17 weeks 2 days

The AC = 11.82 cms corresponding to 17 weeks 4 days

The FL = 2.31 cms corresponding to 17 weeks 0 days

The EDD = 02.05.2025; EFW = 189 gms +/- 28 gms.

The placenta is along the anterior wall and appears normal, not low lying. It shows grade I maturity.

No retroplacental clot noted.

Cervical length measures 3.9 cm. Internal os is closed.

The amniotic fluid is adequate.

No obvious anomaly is noted at this stage of gestation.

Mean uterine artery PI- 1.06 (29<sup>th</sup> percentile, normal for gestational age). Both uterine arteries reveal low resistance pattern of flow.

*(All measurements including foetal weight are subject to statistical variations. Not all congenital anomalies can be detected on ultrasound).*

**IMPRESSION:** Single viable fetus is seen with an average GA corresponding to 17 weeks 03 days.

Normal fetal growth and gestational status.

Normal uterine artery doppler parameters and waveforms in the present study.

Follow up is suggested for Anomaly scan at 18 to 22 weeks.

  
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I, Dr. Nidhi Kimmatkar, declare that while undergoing ultrasonography/image scanning on patient neither detected nor disclose the sex of foetus to anybody in any manner. All measurements including estimated fetal weight are subject to statistical variations. Not all anomalies can be detected on sonography. Detection of anomalies is dependent on fetal position, gestational age. Maternal abdominal obesity and other technical parameters. Follow up scanning and second opinion are always advisable. For detection of cardiac anomaly foetal echography is necessary. Chromosomal anomalies need chorionic villus sampling for diagnosis.

- 4D Sonography
- TVS
- B-Scan
- Neurosonogram
- USG Guided Interventions
- Advanced fetal Medicine Studies e.g. NT Scan, 4D Anomaly Scan, Doppler