Sunita Diagnostic & Child Clinic

OFFICE ROAD, NEAR DIST. HOSPITAL, AMBIKAPUR (C.G.) Mob. 7222959554, 9826200289

Patient Name: SMT RIZWANA	Date: 27/01/2025
Patient Id: 503068	Age/Sex: 24 Years / FEMALE
Ref Phy: DR. SAMTA SIKARWAR	

ULTRASOUND EXAMINATION OF GRAVID UTERUS (4 - D ANOMALY SCAN)

LMP : 13/09/2024	LMP - GA : 19 weeks 3 days	LMP – EDD : 20/06/2025

Height : 157 cm			MAP
Weight : 63.8 Kg	Systolic	110	83.33
	Diastolic	70	mmHG

ingle, live fetus is seen in variable presentation.
he fetal body movements and cardiac activity appear normal.
he liquor volume is adequate.
he cervical length is 3.35 Cm. The internal os and cervical canal appear closed.
lacenta is Posterior in position and grade 0 in maturity , There is no placenta Previa.
he fetal growth parametres are as follow :

	Cm	Weeks	Days	
iparietal Diameter :	4.5	19	4	56.8%
lead Circumferance :	15.5	18	3	7.6%
emoral Length	3.0	19	2	36.6%
ibia:	2.52	19	0	39.3%
ibula	2.59	19	0	41.1%
umerus	2.71	18	4	23.5%
adius	2.4	19	0	40.4%
lna	2.61	19	3	37.8%
bdominal Circumferance	12.4	18	0	9.2%
/AC = 24.14% /BPD = 66.82%	HC/AC = 1.25 BPD/OFD = 83.77%			
etal Weight :	250 Grams +/- 38 Grams.			11.1%
eart Rate :	149 Beats Per Minute.			

PTO...

OB

	SIDDHARTH HOSPITAL	ID	30-12-2024-0004
Exam Date	30-12-2024	Name	MRS RIZWANA
	Female	Age	23yr 0m

MP	13-09-2024	Estab. Due Date	
A(LMP)	15w3d	AUA	15w1d
D(LMP)	20-06-2025	EDD(AUA)	22-06-2025
Author	Hadlock(BPD,AC)	EFW	100g (0lb 4oz)
A(EFW)	14w2d		

Biometry		1	2	3	Last		GA
D	Hadlock	2.74			2.74	cm	14w6d±8d
	Hadlock	8.74			8.74	cm	15w0d±12d
	Hadlock	1.86			1.86	cm	15w4d±10d

eral	1	2	3	Last	
al HR	153			153	bpm

			Normal Range
AC	21.29	%	(20.0~24.0%, >21w)
BPD	67.87	%	(71.0~87.0%, >23w)

ment

GLE LIVE INTRAUTERINE PREGNANCY OF 15W1D IN CEPHALIC PRESENTATION EDD 22/06/25 LIQUOR EQUATE PLACENTA POSTERIOR ..

R. SAMTA SIKARWAR DECLARE THAT WHILE CONDUCTINGULTRASONOGRAPHY ON MRS RIZWANA , I VE NEITHERDISCLOSED THE SEX OF HER FETUS TO ANYBODY IN ANY MANNER.

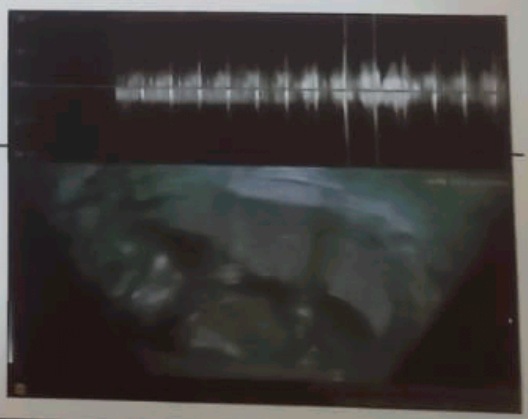
S IS NOT A CONGENITAL ANOMALY SCAN.

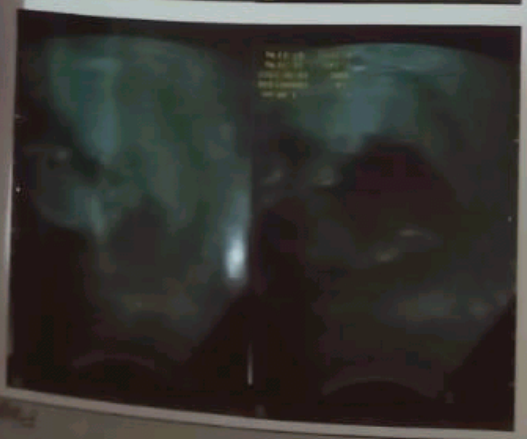
DR. SAMTA SIKARWAR
MBBS DGO
PNDT REG.NO.40
CGMC/11

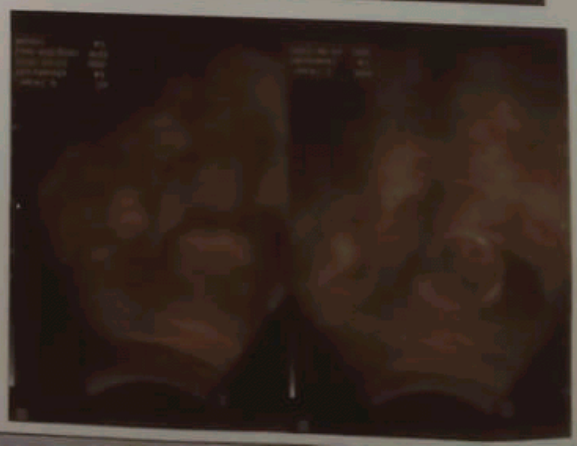
यह जन्मजात विकृती की सोनोग्राफी नहीं है।

30, 12, 24

Dr.Samta Sikarwar
M.B.S.,D.G.O
Siddharth Hospital
Reg.No.CGMC614/2008







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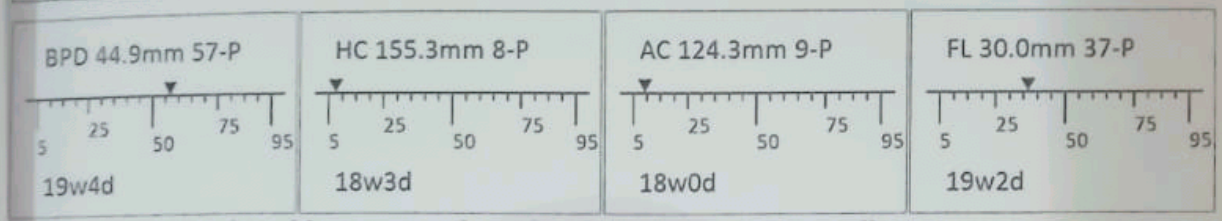

A detailed examination of fetus was performed to detect congenital anomalies.

HEAD :-

Transverse cerebellar diameter appears to be normal.

Both lateral ventricles appear normal.

Lateral ventricle at atrium measures :-	**5.6**	**mm.**
Cerebellar diameter :-	**19.2**	**mm.**
Cisterna magna appears normal :-	**4.1**	**mm.**
Nuchal thickness :-	**3.2**	**mm.**

NECK :-

No cystic lesion seen around the neck

SPINE :-

Vertebrae and spinal canal appears to be normal.

No evidence of any obvious neural tube defect.

FACE :-

Both orbits, nose and mouth appear to be normal.

THORAX & HEART :-

Heart appears in the mid position. Normal cardiac situs-four chamber view (normal).

Outflow Tracts are normal with normal Criss - Crossing of Aorta & Pulmonary Artery.

Cardio Thoracic Ratio is Normal.

Echogenic Foci seen in Left Ventricle of Heart

Both lungs and domes of diaphragm are normal.

No evidence of pleural / pericardial effusion.

ABDOMEN :-

Stomach appear to be normal.

No evidence of Ascites.

Abdominal wall intact.

Both the kidneys and urinary bladder appear to be normal.

LIMBS :-

Fetal limbs grossly appear to be normal.

Three vessel cord is noted

PTO...

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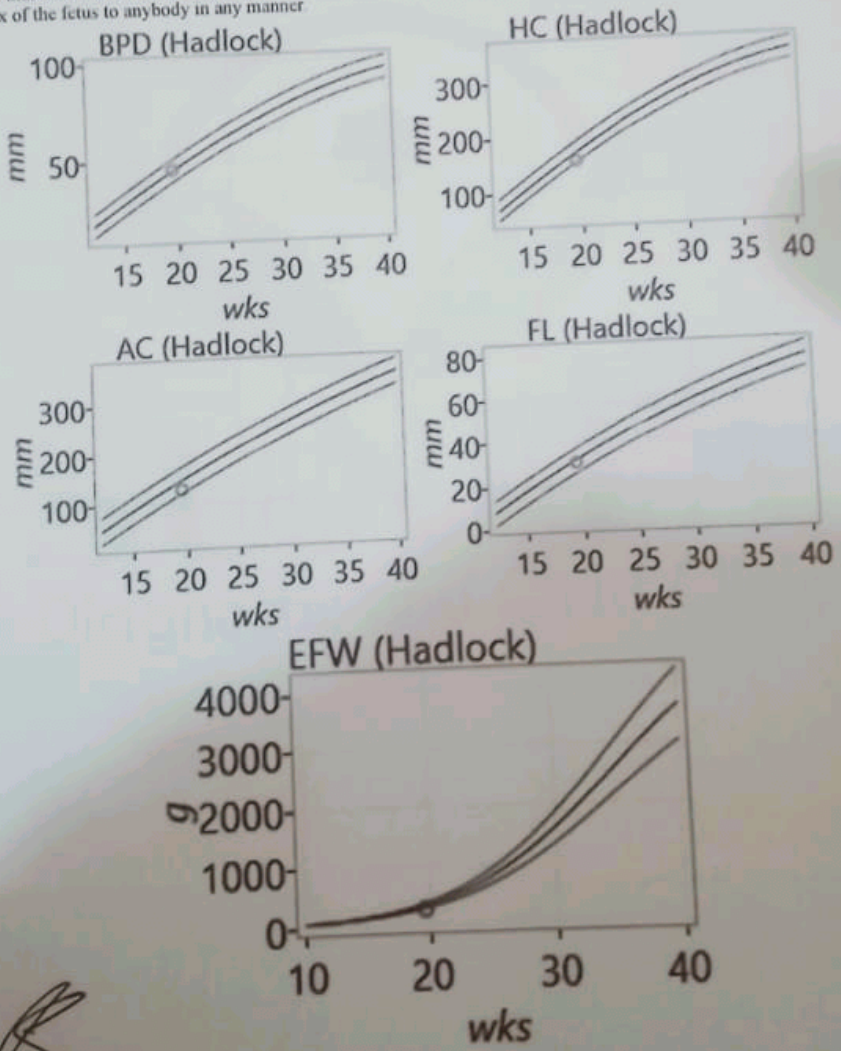
Please note that all anomalies can not be detected all the times due to various technical and circumstantial reasons like gestation period, fetal position, quantity of liquor etc. The present study can not completely confirm presence or absence of any or all the congenital anomalies in the fetus which may be detected on post natal period. Growth parameters mentioned herein are based on International Data and may vary from Indian standards. Date of delivery (at 40 weeks) is calculated as per the present sonographic growth of fetus and may not correspond with period of gestation by L.M.P. or by actual date of delivery. As with any other diagnostic modality, the present study should be correlated with clinical features for proper management. Except in cases of Fetal Demise or Missed Abortion, sonography at 20-22 weeks should always be advised for better fetal evaluation and also for base line study for future reference.

DR SAKET JAIN declare that while conducting sonography on SMT RIZWANA RUSTAM ALI (name of pregnant woman), I have neither detected nor disclosed the sex of the fetus to anybody in any manner.



Dr. Saket Jain
M.D. Radiology (Mumbai)
Consultant Radiologist

Dr. M.K. Jain
M.D.
Consultant Sonologist

3D - 4D

DR. VAIBHAV JAISWAL
M.B.B.S., D.C.H
(Child & Newborn Specialist)
DR. SAMTA SIKARWAR
M.B.B.S., D.G.O. (Gynaecologist)

SIDDHARTH HOSPITAL
Ramanajuganj Road, Ambikapur, Surguja (C.G.)
Mob. : 8718898020

Name : Smt Rizwana Age : 23y Sex : F Date : 23/11/24

C/o Ameno
Pain in abdomen

wt 65.5kg

BP/P 122/70 / 100

LMP 13/8/24
EDD 20/05/25

G2P1L1A1 122/70 / 100

30/12/24 (P) 64.9kg 29

Ameno 3 1/4
Pain in abdomen - 1wk

P/A ~ 19 wks

T- 22
Scary term

T. T.T. 0.5 cc i/m

Syp Feef
C
Am
Aglo
T.

USG OBS
FWB

Evaluation of fetal growth parameters fetal weight and fetal well Being

Lower Pain after
BP/P 109/65 / 92

TIFA Scan 25 Jan

27/01/25 (P) wt 64.4kg

Ameno 4 1/2 m
P/A ~ 20w 10-11 > DFM

T. T.T. 0.5 cc i/m IInd dose

Quadruple marker (7-2-25)

contin ...
Stone ...

5-1 mark

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Right Uterine Artery PI – 0.98 , Left Uterine Artery PI – 0.73

Sr No	2nd Trimester Aneuploidy Markers	
1	Intracardiac Echogenic Focus	Present
2	Ventriculomegaly	Absent
3	Increased Nuchal Fold	Absent
4	Echogenic Bowel	Absent
5	Mild Hydronephrosis	Absent
6	Short Humerus	Absent
7	Short Femur	Absent
8	Aberrant Right Subclavian Artery	Absent
9	Absent or Hypoplastic Nasal Bone	Normal size
	Apriori Risk:	1 in
	LR Ratio:	0.95
	Trisomy21 Risk:	1 in 1036

The Estimated Risk is Calculated by the FMF (Fetal Medical Foundation).

Preeclampsia risk From:	
History only	History plus MAP, UTPI
< 32 weeks: 1 in 769 < 36 weeks: 1 in 135	< 32 weeks: 1 in 10000 < 36 weeks: 1 in 2000

Recommendation

The risk of preeclampsia was assessed by a combination of maternal characteristics and medical history with measurements of blood pressure and blood flow to the uterus.

On the basis of this assessment the patient is unlikely to develop PE before 36 weeks. However, it is recommended that the risk for term-PE is assessed at 36 weeks.

IMPRESSION :

Single, live fetus in variable presentation, corresponding to 19 weeks 1 Days.

EDD according to present examination is 20 June - 2025 (As Per LMP) .

Low Risk for PIH

- Single Soft Marker - Echogenic Foci (*EICF*) seen in Left Side Ventricle of Heart, *(Isolated Echogenic Intracardiac Focus – In this case , EICF is an isolated finding. In the absence of any Other marker of structural defect in the fetus, this is not considered to be clinically significant. It does not Affect the structural development of function of the heart and as an isolated marker, it does not increase the Background/previously calculated risk of aneuploidy).*
- Suggest Quadruple Marker Test Correlation.

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