

Kirti Imaging Clinic

Advance Sonography, Colour Doppler, Echo, Digital X-ray, OPG, Cephalogram

Honey Ritika Building, Ground Floor, Near Gopal Biscuit Factory, Shastri Nagar Square, Babulban, Nagpur

Dr. Vivek D. Turaskar

MBBS, DMRD, DNB, MNAMS (Radiologist)

Mrs. Ashwini Kirnapure

Age: - 25 Y / F

Date: - 04 / 02 / 2025

Ref by: - Dr. Amol Arun Rakhade MBBS DNB FMAS

USG (Obstetric) Targeted Anomaly Scan [On Advance Colour Doppler Machine]

Single Live Intrauterine Fetus With Variable Lie Noted (At Present)

Fetal Spine is in Variable Position & Normal (At Present)

Liquor is Adequate For the GA. No Oligohydromnios Seen (AFI - 12)

Placenta is Anterior With Grade I Maturity With Distal End of Placenta 7.6 cms Away from Internal Os. (Ascended Upwards) No Definite Placenta Previa Noted.

The Fetal Cardiac Activity is Well Visualized & Normal. (FHR 140 BPM)

Fetal Parameters: -

BPD	- 4.8 cms -	20W / 4 d	LMP - 10 / 09 / 2024
HC	- 17.4 cms -	20 W / 0 d	GA By LMP- 21 W / 0 d
AC	- 12.6 cms -	18 W / 1 d	EDC- 17/ 06 / 2025
FL	- 3.2 cms -	20 W / 0 d	
CGA	- 19 W / 5 d		
EDC	- 26/ 06 / 2025		
Hadlock	- Fetal WT 269 +- 31 gms.		

Biophysical Profile Scoring

Gross Fetal Movement	2
Fetal Tone	2
Fetal Breathing	2
Liquor	2 Adequate

Total	8 / 8
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Biophysical Profile Scoring is At Normal Side.

Target Anomaly Scan Reveals --

HEAD :

Mid line falx seen. Both lateral ventricles are normal. The posterior fossa appear normal. The cerebellum is normal. No identifiable intracranial lesion seen. No Fetal Hydrocephalus Seen. No Calcifications Noted in Supra OR Infratentorial Compartment. Cisterna Magna is Well Formed. Posterior Fossa & Both Choroid Plexus Are Normal. Nuchal Pad Thickness is Normal (2 mm).

PTO

FETAL SPINE :--

Entire spine is visualized in longitudinal and transverse axis.
The vertebrae and spinal canal appear normal.

FACE :--

Fetal face seen in coronal and profile views.
Both orbits, ears, nasal bones, nose, and mouth appear normal.
Both orbital lens well seen

THORAX :--

The heart appears in mid position.
Normal cardiac situs.
The four chamber view is normal.
No echogenic focus Seen in cardiac Wall & chambers
Both lungs seen.
No evidence of pleural or pericardial effusion.
No evidence of SOL in the thorax.
Both diaphragms appear normal

ABDOMEN :--

Abdominal situs appeared normal.
Fetal LT Kidney is Showing Mildly Dilated LT Renal Pelvis
(AP Diameter 3 mm Approximately Tapering At LT Pelviureteric Junction
Which is Either Physiological OR Could Be LT Pelviureteric Junction Obstruction).
Fetal RT Utrerter is Not Seen Dilated. Fetal RT Kidney is Normal.
The portal vein is normal. Three vessel cord noted.
No evidence of ascites. No abdominal wall defect.

EXTREMITIES :--

Both Sided HUMERUS	---	Normal
Both Sided RADIUS	---	Normal
Both Sided Ulna	---	Normal
Both Sided Femur	---	Normal
Both Sided TIBIA	---	Normal
Both Sided FIBULA	---	Normal

No abnormality is noted in the extremities.

No Obvious Congenital Anomaly Noted (At Present).

Internal OS is Closed. Cervical Length is Adequate. (4.0 cms).

Both Maternal Kidneys, Ovaries, Adenexa Are Normal.

Impression: -

- Single Live Intrauterine Pregnancy of 19 weeks +- 5 d of Gestational Age With Variable Lie (At Present) As Described Above With Mild IUGR Noted.
- Liquor is Adequate For the GA. No Oligohydramnios Seen (AFI - 12)
- Placenta is Anterior With Grade I Maturity With Distal End of Placenta 7.6 cms Away from Internal Os. (Ascended Upwards) No Definite Placenta Previa Noted.

- The Fetal Cardiac Activity is Well Visualized & Normal. (FHR 140 BPM)
- Biophysical Profile Scoring is At Normal Side.
- Fetal LT Kidney is Showing Mildly Dilated LT Renal Pelvis (AP Diameter 3 mm Approximately Tapering At LT Pelviureteric JunctionWhich is Either Physiological OR Could Be LT Pelviureteric Junction Obstruction). Fetal RT Utrerter is Not Seen Dilated. Fetal RT Kidney is Normal.
- No Obvious Congenital Anomaly Noted (At Present).
- Internal OS is Closed. Cervical Length is Adequate. (4.0 cms).
- Both Maternal Kidneys, Ovaries, Adenexa Are Normal.

(Please Note that All the Congenital Anomalies May Not be Diagnosed on USG)

(Dedicated Fetal Echo With Colour Doppler By Fetal Echo Specialist is Suggested in Every Case.)

DECLARATION OF DOCTOR / PERSON CONDUCTING ULTRASONOGRAPHY / IMAGE SCANNING

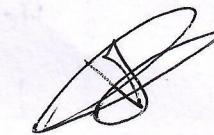
Dr. Vivek D. Turaskar

Declare that while conducting ultrasonography / image Scanning on

Mrs. Ashwini Suraj Kirnapure

I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Thanks



Name, Signature & Stamp of Radiologist

Dr. Vivek D. Turaskar
MBBS, DMRD, DNB, MNAMS

Name - Ashwini Kinnapure

Age - 25

D.OB - 20/11/1999

Bgrp - AB +ve

Weight - 57

Height - 5'2

LMP - 10/09/24

