

23/2/25

① Mrs. Damyanti Deshmukh

Age - 30 yrs

Quadruple Mother

DOB - 29/6/1994

LMP - 9/10/2024

Height - 5 "4"

Weight - 60 KG

**TEST REPORT**

Reg. No : D230225/067

NAME : MRS. DAMYANTI

Date: 23.02.2025

AGE : 30 YEARS

SEX : F

REF. BY. : DR. MANSI GULATI

TYPED BY - RUPALI VERMA

**USG OBSTETRICS WITH TARGETED IMAGING FOR FOETAL ANOMALIES**

Single live intrauterine fetus with Cephalic presentation is seen at the time of examination.

Liquor is adequate in amount.

Cervical length - 3.5cm.

The cardiac pulsations and fetal movements are well seen.

The fetal heart rate is = 157 b/minute.

The approximate gestational age is as follows:

PARAMETER	MEASUREMENT IN CM	WEEKS	DAYS
BPD	4.07	18	2
HC	15.04	18	1
AC	11.78	17	4
FL	2.57	17	6
TIB	2.30	18	1
FIB	2.25	17	5
HL	2.54	18	0
RAD	2.25	18	2
ULNA	2.36	18	3
CEREB	1.88	18	3

Cephalic index = WNL.

Placenta - Anterior wall, mid uterine segment, Grade-I.

The internal OS and cervical canal are unremarkable.

Bilateral Uterine Arteries Are Showing Normal Wave Form And Doppler Indices. Diastolic Notch Is Absent. (Right uterine artery PI- 2.5, Left uterine artery PI - 0.8).

Mean uterine PI - 1.65



P.T.O.

Medical investigation/Radiological impression are merely opinion and the final diagnosis as they are based on available auto generated/imaging finding. These opinions should be correlated with clinical findings. A review of further evaluation may be sought whenever considered appropriate. Condition of Reporting: It is presumed that the specimen belongs to the patient named in the test request form.

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**TARGATED IMAGING FOR FETAL ANOMALIES****Aneuploidy Markers**

Nasal Bone: 5.1 mm - Normal.

Nuchal Fold: 3.1 mm - Normal

**Fetal Anatomy-****Head:-**

Cisterna magna Midline falx seen. Both lateral ventricles appeared normal. Posterior fossa appeared normal. No identifiable intracranial lesion seen. Cavum septum pellucidum is normal.

**Neck:-**

Fetal neck appeared normal.

**Spine:-**

Entire spine visualized in longitudinal and transverse axis.

Vertebrae and spinal canal appeared normal

**Face:-**

Fetal face seen in the coronal and profile views. Both orbits, nose and mouth appeared normal.

**Thorax:-**

Both lungs seen. No evidence of pleural or pericardial effusion. No evidence of SOL in the thorax.

**Heart:-**

Heart appears in the mid position. Normal cardiac situs. Four chamber view normal. Outflow tracts appeared normal.

**Abdomen:-**

Abdominal situs appeared normal. Stomach and bowel appeared normal. Normal bowel pattern appropriate for the gestation seen. No evidence of ascites. Abdominal wall intact.

**KUB:-**

Right and Left kidneys appeared normal. Bladder appeared normal

**Extremities:-**

All fetal long bones visualized and appear normal for the period of gestation. Both feet appeared normal

P.T.O.

## TEST REPORT

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SEX : F

Aneuploidy Soft markers:

Ventriculomegaly -	Absent
Absent or hypoplastic NB -	Absent
ARSA -	Absent
Echogenic bowel -	Absent
Intracardiac echogenic focus -	Absent
Mild hydronephrosis -	Absent
Short femur	Absent
Increased nuchal fold -	Absent

Estimated foetal weight is 206 Gms -/+ 30 gms.

GA(AUA) - 18 wks + 00 days  
EDD (AUA) - 27.07.2025GA (LMP) - 19 wks + 04 days  
EDD(LMP) - 16.07.2025IMPRESSION:-

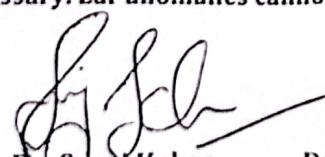
- ❖ Single live intrauterine pregnancy in Cephalic presentation is seen at the time of examination of 18 weeks + 00 days. EDD - 27.07.2025
- ❖ 1 week 4 days discrepancy between USG and LMP parameters.

Advise - Quadruple marker correlation.

(All measurement including foetal weight is subject to statistical variation. Fetal echo is not done.)

Note:- I declare that while conducting USG, i have neither detected nor disclosed the sex of her fetus to any body in any manner.

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. Fetal limb anomalies not always detectable due to position. Evolving skeletal dysplasias cannot be detected, needs serial growth monitoring. Follow up scanning and second opinion are always advisable. For detection of cardiac anomaly foetal echography is necessary. Ear anomalies cannot be detected.

Thanks for the reference,  
With regards,Dr. Girish Verma  
M.D., D.M.R.D.  
Consultant RadiologistDr. Suraj Kabra  
MBBS, D.N.B.  
Consultant RadiologistDr. Abhishek Das  
MBBS., MD.  
Consultant RadiologistDr. Sonal Goyal  
MBBS, MD  
Consultant Radiologist

These reports are for assisting doctors, physcians in their treatment and not for medico legal purpose and should be related clinically.