



info@quradiagnostics.com
quradiagnostics.com
0755-4927222, +91 7477228888

Plot No-4,
Chuna Bhatti Kolar Road
Bhopal - 462016

Patient name Mrs. MEENU SHARMA
Patient ID 24097007
Referred by Dr. PUJA SINGH
LMP date 23/08/2024

Age/Sex 31 Years / Female
Visit no 2
Visit date 19/02/2025
LMP EDD 30/05/2025

Radius 37, 25W 10 $\pm$ (50%)
Ulna 39, 21W 60 $\pm$ (10%)

Cephalic index - 78 Range 75-85%
Foot Length - 51 mm
TCD - 27 mm

Chromosomal Markers

Nasal Bone - 8 mm - Ossified
Nuchal Fold - 2.7 mm - Normal

Fetal Anatomy

Head

Right lateral ventricle measured 6.1 mm
Cisterna magna measured 6.6 mm
Midline falx seen
Both lateral ventricles appeared normal
Posterior fossa appeared normal
No identifiable intracranial lesion seen

Neck

Fetal neck appeared normal

Spine

Entire spine visualised 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
Prefrontal space ratio is more than 1 and is within normal limits (VALUE=1.8)

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 appeared normal

There is increase in small bowel echogenicity equivalent to iliac creast on harmonic imaging. No bowel dilatation
calcification noted on current scan. FISH ECHOGENIC BOWEL GRADE I-SOFT MARKER

KUB

Right and Left kidneys appeared normal
Bladder appeared normal

EMERGING DIAGNOSTIC CENTRE OF MADHYA PRADESH
AT PUNGGI - 5th OUTSTANDING ACHIEVEMENT AWARD 2017-18

BEST DIAGNOSTIC & IMAGING CENTRE IN MADHYA PRADESH
by WORLDWIDE ACHIEVERS INTERNATIONAL HEALTHCARE SUMMIT & AWARDS, 2017

Page #2 - 19/02/25



Patient name	Mrs. MEENU SHARMA	Age/Sex	31 Years / Female
Patient ID	24007007	Visit no	2
Referred by	Dr. PUJA SINGH	Visit date	15/02/2025
LMP date	23/08/2024	LMP EDD	30/05/2025

OB - 2/3 Trimester Scan Report

Indication(s)

FOR LATE TARGET SCAN
NT/NB SCAN. DOUBLE/QUADRUPLE MARKER TESTING NOT DONE
Real time B-mode ultrasonography of gravid uterus done

Route: Transabdominal

Single intrauterine gestation

Maternal

Cervix measured 4.20 cm in length

Right Uterine 0.58 (51%)
Left Uterine 1.4 (95%)
Mean PI 1.14 (81%)

Fetus

Survey

Presentation - Breech at current scan

Placenta - Posterior and circumvallate

Liquor - Polyhydramnios

Single deepest pocket = 8.2

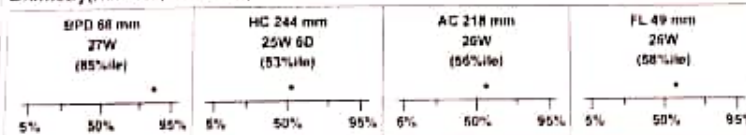
Umbilical cord - Two arteries and one vein

Fetal activity present

Cardiac activity present

Fetal heart rate - 152 bpm

Biometry(Hadlock, Mediscan)



Long bones Right (mm)
Tibia 42, 25W 4D (50%)
Fibula 42, 25W 1D (38%)
Humerus 44, 25W 5D (50%)

EMERGING DIAGNOSTIC CENTRE OF MADHYA PRADESH
T HENCE - 2nd OUTSTANDING ACHIEVEMENT AWARD 2017-18

BEST DIAGNOSTIC & IMAGING CENTRE IN MADHYA PRADESH
WORLDWIDE ACHIEVERS INTERNATIONAL HEALTHCARE SUMMIT & AWARDS, 2017

Page #1 - 15/02/25 02:58:11





info@quradiagnostics.com
quradiagnostics.com
0755-4927222, +91 7477228888

Pic
Ch
Bh

Patient name	Mrs. MEENU SHARMA	Age/S
Patient ID	24007007	Visit n
Referred by	Dr. PUJA SINGH	Visit c
LMP date	23/08/2024	LMP I

Extremities
All fetal long bones visualized and appear normal for the period of gestation.
Both feet appeared normal.
Estimated fetal weight according to BPD, HC, AC, FL $\rightarrow 935 \pm 1 - 93.5$ gms.

Fetal doppler
Umbilical Artery PI 1.1 $\rightarrow$ (52%)

Impression

Single viable gestation corresponding to a gestational age of 25 Weeks 5 Days
Gestational age assigned as per LMP
Placenta - Posterior and circumvallate
Presentation - Breech at current scan
Liquor - Polyhydramnios
Advise: Oral glucose tolerance test with 75 gms glucose to R/O gestational diabetes mellit

F/S/O ECHOGENIC BOWEL GRADE I-SOFT MARKER.
ADV - NIPT/ AMNIOCENTESIS IN VIEW OF PRESENCE OF SOFT MARKER.

FOLLOW UP SCAN AFTER 4 WEEK IS ADVISED FOR ASSESSMENT OF BOWEL AND AM

DR. TANUJ JAIN
MBBS, M.D. RADIODIAGNOSIS
MP-24306

Disclaimer

DR. TANUJ JAIN, DECLARE THAT WHILE CONDUCTING USG ON MRS. MEENU SHARMA, I HAVE NEITHER DETECTED NOR
ANYONE IN ANY MANNER. This is not Fetal Echo and is only a professional opinion and not final diagnosis. Assessment of fetal
and USG markers. All chromosomal anomalies may not be evident and absence of it may not totally rule out aneuploidies. Pat
capabilities and limitations of this examination, like inability to rule out anomalies of limbs, palate and ears.
SAVE GIRL CHILD.

EMERGING DIAGNOSTIC CENTRE OF MADHYA PRADESH
Ast FMPCO - 5th OUTSTANDING ACHIEVEMENT AWARD 2017-18

BEST DIAGNOSTIC & IMAGING CENTRE IN MADHYA PRADESH
by WORLDWIDE ACHIEVERS INTERNATIONAL HEALTHCARE SUMMIT & AWARDS, 2017





QURA DIAGNOSTICS
AND RESEARCH CENTRE

info@quradiagnostics.com
quradiagnostics.com
0755-4927222, +91 7477226888

Plot No-4,
Chuna Bhatti Kolar Road,
Bhopal - 462016

Patient name	Mrs. MEENU SHARMA	Age/Sex	31 Years / Female
Patient ID	24007007	Visit no	2
Referred by	Dr. PUJA SINGH	Visit date	19/02/2025
LMP date	23/05/2024	LMP EDD	30/05/2025

Extremities

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

Estimated fetal weight according to BPD,HC,AC,FL $> 536 \pm 33.6$ gms.

Fetal doppler

Umbilical Artery PI: 1.1 $\rightarrow$ 0.52%

Impression

Single viable gestation corresponding to a gestational age of 25 Weeks 5 Days.

Gestational age assigned as per LMP.

Placenta - Posterior and circumvallate.

Presentation - Breech at current scan.

Liquor - Polyhydramnios.

Advise: Oral glucose tolerance test with 75 gms glucose to R/O gestational diabetes mellitus.

F/S/O ECHOGENIC BOWEL GRADE I-SOFT MARKER.

ADV - NIPT/ AMNIOCENTESIS IN VIEW OF PRESENCE OF SOFT MARKER.

FOLLOW UP SCAN AFTER 4 WEEK IS ADVISED FOR ASSESSMENT OF BOWEL AND AMNIOTIC FLUID.

DR. TANU JAIN
MBBS, M.D. RADIOLOGY
MP-24306

Disclaimer

DR. TANU JAIN DECLARE THAT WHILE CONDUCTING USG ON MRS. MEENU SHARMA, I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER FETUS TO ANYONE IN ANY MANNER. This is not Patau's Echo and is only a professional opinion and not final diagnosis. Assessment of fetal anomalies depends on various factors and USG markers. All chromosomal anomalies may not be evident and absence of it may not totally rule out aneuploidies. Patient has been counseled about the capabilities and limitations of this examination, like inability to rule out anomalies of limbs, palate and ears.

SAVE GIRL CHILD.

EMERGING DIAGNOSTIC CENTRE OF MADHYA PRADESH
1st & 2nd OUTSTANDING ACHIEVEMENT AWARD 2017-18

BEST DIAGNOSTIC & IMAGING CENTRE IN MADHYA PRADESH
WORLDWIDE ACHIEVERS INTERNATIONAL HEALTHCARE SUMMIT & AWARDS, 2017

Rego #3 - 19/02/25 02

