



साई

डायग्नोस्टिक सेंटर

PRECISION | ACCURACY | EXCELLANCE

डॉ. नितीन गंगाधर पांचाळ

M.B.B.S., D.M.R.E., D.N.B. (Radiodiagnosis)

Consultant Radiologist & Sonologist

Sonography | Colour Doppler | 2D Echo | Digital X-Ray | Mammography | Computerized Pathology Lab

Name	MRS. YASHASHREE MOHITE	Age	25 YEARS
Patient ID	SDC/2025-2026	Gender	FEMALE
Ref By	Dr. SHITAL SHITOLE	Date	15 Mar 2025

OBSTETRIC ANOMALY SCAN REPORT

Real time B-mode sonography of pelvis by 3.5MHz curvilinear probe showed gravid uterus with Single intrauterine fetus.

Growth:

Parameters	Value	Parameters	Value
LMP	06 Nov 2024		
Menstrual Age	18w3d	EDD By LMP	13 Aug 2025
Average GA by USG	18w5d	EDD By USG	11 Aug 2025

Biometry:

Parameters	Measurement	GA	Percentile
Biparietal diameter	42.79 mm	18w6d	72.9 Percent
Head circumference	161.76 mm	18w6d	69.2 Percent
Abdominal circumference	138.25 mm	19w1d	73.6 Percent
Femoral length	28.72 mm	18w5d	58.7 Percent
Foetal weight	270 gm+/-10%gm		

Survey :

Placenta -posterior. Upper and mid segment. Grade I in maturity.

Liquour volume adequate, AFI - 11.4 cm .

Cervical length (3.6 cm)

Cord vessels appear normal.

Spine Left lateral

Cephalic presentation.

Fetal movements - good.

Foetal heart rate: 150 /bpm, good.

Screening for Preeclampsia :

Artery	S/D	RI	PI	Fetal Medicine Barcelona PI Percentiles
Right uterine artery	2.81	0.64	1.1	Mean PI = 0.9
Left uterine artery	1.96	0.49	0.75	14 Percentile = Normal

① चाकण : 7639796084

② मोशी : 9096159930

③ आळंदी : 8421008730

शॉप नं. १५, कोहिनूर सेंटर, एचडीएफसी बँकेच्या मागे, पुणे-नाशिक हायवे, चाकण, पुणे.

‘अॅपल इटी’, शॉप नं. ११, नॉर्थएन्ड टॉवर, मोशी टोल नाक्याजवळ, मोशी, जि. पुणे.

मंडले कॉम्प्लेक्स, देहुफाटा, तापकीर नगर, आळंदी, पुणे.

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TARGETED IMAGING FOR FETAL ANOMALIES (TIFFA)**FOETAL ANOMALY SCAN REPORT:****Real time USG done with 4.2 MHz convex probe.****Aneuploidy markers:**

Nasal bone : Present.

Nuchal fold : less than 4 mm

Foetal brain:

Both cerebral hemispheres are normal.

Cavum septum pellucidum is seen.

Midline falx seen.

Cistern magna is normal.

Lateral ventricle measures 5 mm.

Both lateral ventricles appear normal.

No ventriculomegaly seen.

Cerebellum shows normal configuration with **trans cerebellar diameter of 18.72 mm.**

No identifiable intracranial lesion is seen.

Foetal Spine:

Entire spine visualized in longitudinal, coronal and transverse axes.

Vertebrae and spinal canal appears normal.

No e/o neural tube defect seen.

Foetal Neck:

No cystic lesion is seen around the neck.

Foetal Face:

Foetal face visualized in the coronal and profile views.

Both orbits, mouth and nose appears normal.

Nasal bone is normal.

No e/o any facial cleft.

(NOTE : It must be noted that over all detection rate for facial clefts is 65 % .
Isolated cleft palate is rarely identified on antenatal ultrasound scan .)

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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 with normal size, orientation and normal axis.

Normal cardiac situs.

Four chamber view normal.

Out flow tract appear normal.

No pericardial effusion seen .

RVOT - 2.8 mm**LVOT - 2.7 mm****Ejection fraction - 78.09 Percent**

(Note: Dedicated fetal 2 D echo at 24 - 26 wks is necessary to diagnose major cardiac anomalies . All cardiac anomalies can not be diagnosed on B-mode ultrasound . ASD and PDA can not be diagnose antenatally as they are physiological.)

Foetal Abdomen:

Abdominal situs appears normal.

Stomach and bowel appears normal.

Normal bowel pattern appropriate for the gestation seen.

No e/o ascites.

Abdominal wall is intact.

(NOTE: Communicating trachea-esophageal fistulas cannot be diagnosed on antenatal scan and it must be noted that low detection rate for anomalies of gastrointestinal tract on antenatal ultrasound scan .)

Foetal KUB:

Prominent right renal pelvis measures 4-5 mm. Suggest follow up and clinical correlation. Right kidney measures 2.0x0.8 cm, Left kidney measures 2.1x0.8 cm.

Both kidneys and urinary bladder appear normal.

No evidence of pelviureteric junction obstruction or hydronephrosis or hydro ureter / mega ureter noted

Foetal Limbs:

All foetal long bones appear normal for the period of gestation.

Both the hands and feet are grossly normal.

Foetal cord:

Cord insertion is normal.

3 vessel umbilical cord is seen.

No evidence of omphalocele.

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2nd trimester risk assessment of Trisomy 21	
Intra cardiac echogenic focus	Marker is absent.
Mild pyelectasis	Marker is present***.
Short femur	Marker is absent.
Echogenic bowel loops	Marker is absent.
Increased Nuchal fold	Marker is absent.
Absent or hypo plastic nasal bone	Marker is absent.

(Note : It must be noted that low detection rate for aneuploidy at 18-24 wks on ultrasound scan , hence correction with biochemistry markers will give a better risk assessment .This is not diagnostic test for aneuploidy.)

IMPRESSION:

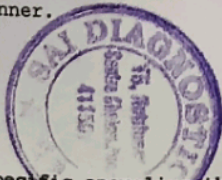
Thanks for the referral.

- ❖ Single live intrauterine fetus corresponding to a gestational age of 18w5d \pm 7 days.
- ❖ Cephalic presentation.
- ❖ Placenta posterior.
- ❖ Fetal movements good, FHR good - 150 bpm.
- ❖ Normal liquor - (AFI- 11.4 cm). EFW 270 \pm 52 grms.
- ❖ Right mild pyelectasis. Suggest follow up and clinical correlation.
- ❖ No other obvious anomalies are detected.
- ❖ Fetal tone, activity and movements appear normal.
- ❖ Mean uterine artery PI 0.9 is within normal limits for the gestational age.

Suggest fetal 2d echo at 24-28weeks.

N.B. Sonography has been performed very carefully. However sonography may not be able to completely exclude the possibility of foetal anomaly due to factors such as maternal abdominal wall thickness, gestational age, foetal position / movements, liquor status, subtlety of anomaly, technical limitations etc. It is important to note that false positive / false negative study exists with sonography despite thorough evaluation. This is not foetal echocardiography scan, diagnostic discretion is recommended. Therefore all foetal anomalies may not be detected at all examinations. The foetal gender has not been detected or disclosed to the patient.

I Dr. Nitin Panchal declare that while conducting ultrasonography / image scanning on MRS. YASHASHREE MOHITE have neither detected or nor disclosed the sex of her fetus to anybody in any manner.



Dr NITIN PANCHAL
MBBS DMRE DNB(RAD)

For specific anomalies the overall detection rates are as follows:

चाकण : 7639706084 शॉप नं. ९९, कोटेश्वर सेंटर, रचडीएफसी बिल्डिंग मागे, पुणे-नाशिक हायवे, चाकण, पुणे.

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