



JRA DIAGNOSTICS
AND RESEARCH CENTRE

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☎ 0755-4927222, +91 7477228888

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

Patient name	Mrs. ROHINI LOVANSHI	Age/Sex	25 Years / Female
Patient ID	24007215	Visit no	3
Referred by	Dr. PUJA SINGH	Visit date	21/03/2025
LMP date	20/10/2024, LMP EDD: 27/07/2025	C-EDD	19/07/2025

OB - 2/3 Trimester Scan Report

Indication(s)

FOR TARGET SCAN
H/O COLD AND FEVER.
Real time B-mode ultrasonography of gravid uterus done.
Route: Transabdominal
Single intrauterine gestation

Maternal

Cervix measured 3.80 cm in length.

Right Uterine	1	—●— (53%)
Left Uterine	1.4	—●— (93%)
Mean PI	1.2	—●— (73%)

Fetus

Survey

Presentation - Cephalic at current scan
Placenta - Posterior and circumvallate
Lower edge of placenta is just reaching the os. There is no retroplacental collection noted on current scan. F/S/O
PLACENTA PREVIA.

PRETERM PLACENTAL CALCIFICATIONS NOTED.

Liquor - Normal
Single deepest pocket = 4.5
Umbilical cord - Two arteries and one vein
Fetal activity present
Cardiac activity present
Fetal heart rate - 134 bpm

Biometry (Hadlock, Mediscan)

BPD 55 mm 22W 5D (45%ile)	HC 204 mm 22W 2D (30%ile)	AC 171 mm 21W 6D (26%ile)	FL 40 mm 22W 5D (45%ile)	EFW BPD, HC, AC, FL 506 grams (33%ile)
5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%

Long bones	Right (mm)	
Tibia	36, 22W 6D	—●— (50%)
Fibula	37, 23W	—●— (62%)
Humerus	38, 22W 6D	—●— (50%)
Radius	33, 23W	—●— (62%)

SAVE GIRL CHILD

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

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

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37, 23W —●— (62%)

Ulna
Cephalic index - 73 Dolicocephaly
Foot Length : 37 mm
TCD : 24 mm

Aneuploidy Markers

Nasal Bone : 6.9 mm - Ossified
Nuchal Fold : 3.9 mm - Normal

Fetal Anatomy

Head

Right lateral ventricle measured 7.1 mm
Cisterna magna measured 5.2 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=1.5)

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

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Fetal doppler

Umbilical Artery PI

1.2

—●— (59%)

Impression

Single viable intrauterine gestation corresponding to a gestational age of 22 Weeks 6 Days
Gestational age assigned as per biometry (CRL) on 24/12/2024

Menstrual age 21 Weeks 5 Days

Corrected EDD 19-07-2025

Placenta - Posterior and circumvallate

Presentation - Cephalic at current scan

Liquor - Normal

F/S/O PLACENTA PREVIA.

F/S/O PRE-TERM PLACENTAL CALCIFICATIONS.

ADV -

1. MATERNAL TORCH PROFILE WITH IgG and IgM Ab IN VIEW OF H/O COLD AND FEVER.

2. NIPT.

3. FOLLOW UP SCANS.

DR. TANUJ JAIN

MBBS, M.D. RADIODIAGNOSIS

MP-24306

2nd trimester screening for Downs

Maternal age risk 1 in 1319

Fetus 2nd Trimester Downs

Risk Estimate

A 1 in 4397

Disclaimer

I DR TANUJ JAIN, DECLARE THAT WHILE CONDUCTING USG ON MRS. ROHINI LOVANSHI, I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER FETUS TO ANYONE IN ANY MANNER. This is not Fetal 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 counselled about the capabilities and limitations of this examination, like inability to rule out anomalies of limbs, palate and ears.

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