

अंकिता विजयवर्गीय

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F. BY: DR. PUJA SINGH(MBBS, DGO)

AGE/SEX: 21Y/F

DATE: 31.03.2025

OBSTETRIC USG (EARLY ANOMALY SCAN)

LMP: 19.12.2024

GA(LMP): 14wk 4d

EDD: 25.09.2025

- Single live fetus seen in the intrauterine cavity in variable presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 149 beats/min.
- PLACENTA: is grade I, right antero-lateral with lower edge ~ 11.4mm from internal os.
- LIQUOR: is adequate for the period of gestation.

Fetal morphology for gestation appears normal.

- Cranial ossification appears normal. Midline falx is seen. Choroid plexuses are seen filling the lateral ventricles. No posterior fossa mass seen. Spine is seen as two lines. Overlying skin appears intact.
- No intrathoracic mass seen. No TR.
- Stomach bubble is seen. Bilateral renal shadows is seen. Anterior abdominal wall appears intact.
- Urinary bladder is seen, appears normal. 3 vessel cord is seen.
- All four limbs with movement are seen. Nasal bone well seen & appears normal. Nuchal fold thickness measures 2.49 mm (WNL).
- Ductus venosus shows normal flow & spectrum with positive "a" wave (PI ~ 0.38)

FETAL GROWTH PARAMETERS

BPD	27.1	mm	~	14	wks	6	days of gestation.
HC	101.8	mm	~	14	wks	5	days of gestation.
AC	82.8	mm	~	14	wks	4	days of gestation.
FL	15.2	mm	~	14	wks	3	days of gestation.

Estimated gestational age is 14 weeks 5 days (+/- 1 week). EDD by USG: 24.09.2025

Estimated fetal weight is 101 gm (+/- 15gm)

Internal os closed. Cervical length is WNL (33.7 mm).

Baseline screening of both uterine arteries was done with mean PI ~ 1.64 (WNL for gestation).

CONCLUSION:

- Single, live, intrauterine fetus of 14 weeks 5 days +/- 1 week.
 - Low lying placenta with lower edge ~ 11.4 mm from internal os.
 - Gross fetal morphology is within normal limits. Risk calculation for trisomies could not be done as fetus large for criterion (CRL 45 - 84 mm).
- Follow up at 19-22 weeks for target scan for detailed fetal anomaly screening.

Declaration: I have neither detected nor disclosed the sex of the fetus to pregnant woman or to anybody. (It must be noted that fetal anatomy may not always be visible due to technical difficulties related to fetal position, amniotic fluid volume, fetal movements, maternal abdominal wall thickness & tissue echogenicity. Therefore all fetal anomalies may not be detected at every examination. Patient has been counselled about the abilities & limitations of this examination.)

(DR. ANKITA VIJAYVARGIYA)