LUTHRA 4D ULTRASOUND, COLOR DOPPLER AND FOETAL MEDICINE CENTRE

11-12, Doctor's Enclave, Residency Road, Sadar, Nagpur
Ph : Clinic : 0712 - 2553415, 9921249694

Patient name	Mrs. REENA KUKREJA		
Patient ID	E09603-25-04-08-13	**Age/Sex**	39 Years / Female
Referred by	Dr. KAJAL NAVANI MBBS MD DNB	**Visit no**	1
LMP date	Unknown | C-EDD: 17/08/2025	**Visit date**	08/04/2025

OB - 2/3 Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.
Route: Transabdominal
Single intrauterine gestation

Maternal

Cervix measured 3.92 cms in length.

Right Uterine	1.82	(97%)
Left Uterine	0.8	(18%)
Mean PI	1.31	(75%)

Fetus

Survey

Presentation	: Changing lie
Placenta	: Anterior Not previa.
Liquor	: Adequate
Umbilical cord	: Two arteries and one vein
Fetal activity	: Fetal activity present
Cardiac activity	: Cardiac activity present Fetal heart rate - 148 bpm

Biometry(Mediscan, Unit: mm)

BPD	51.2, 21W 3D	(40%)
HC	183, 20W 5D	(34%)
AC	163, 21W 3D	(54%)
FL	36.4, 21W 4D	(43%)

Long bones	Right (mm)	
Tibia	31.6, 21W	(40%)
Humerus	36.6, 22W 2D	(84%)

EFW (grams)

BPD,AC	427	(51%)
FL,AC	429	(50%)
BPD,HC,AC, FL	420	(49%)

Cephalic index - 79 Range 75-85%
TCD : 21 mm (25%)

Aneuploidy Markers (mm)

Nasal Bone	Normal
Nuchal Fold	4.2 Normal

Fetal Anatomy

Head

Cisterna magna measured 5.3 mm
Midline falx seen.Both lateral ventricles appeared normal.
Posterior fossa appeared normal.No identifiable intracranial lesion seen.

Neck

Fetal neck appeared normal.

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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

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

Impression

Single intrauterine gestation corresponding to a gestational age of 21 Weeks 2 Days
Gestational age assigned as per biometry (BPD,HC,AC,FL)
Placenta - Anterior
Presentation - Changing lie
Liquor - Adequate
In view of risk associated with advanced maternal age-
Adv-- Genetic tests
Fetal Echo and Follow up for interval growth & Evolving Anomalies.

2nd trimester screening for Downs
Maternal age risk 1 in 106

Fetus	2nd Trimester Downs Risk Estimate
A	1 in 353

Disclaimer

Please note-
1) Detailed fetal anatomy may not always be visible due to technical difficulties related to fetal position, amniotic fluid volume, fetal movements and maternal abdom wall thickness.
2) All fetal anomalies may not necessarily be detected at every examination..
3)All measurements including foetal weight are subject to statistical variation.
4) In case of disparity between report and clinical evaluation, second opinion is advisable before commencing the final treatment.
5) For detailed evaluation of heart, seperate fetal echo is required.

I, Dr. Kavita Luthra, declare that while conducting this ultrasound, sex of the fetus is not disclosed or mentioned to anybody i any manner.

DR. KAVITA LUTHRA.
MD. RADIO-DIAGNOSIS
MMC NO 67894

Disclaimer for anomaly scan

neral Disclaimer

Patient's identity is based on her own declaration

This investigation has been done as per request of the referring doctor.

Diagnosis of Ultrasonography is based on various echoes and shadows produced by both normal & abnormal tissues. Variety of disease process may produce similar echopattern or shadows.

Science of ultrasound, Ultrasonography machine and probe, all have their own limitations. Even the most sophisticated ultrasound machine can make error in interpreting echoes and has limitations in diagnosing lesions.

Disparity in final diagnosis can occur due to technical pitfalls like False Positive and False Negative results. Hence, only the report should not be taken as final diagnosis but should be correlated clinically with for other investigations. In case of disparity between report and clinical evaluation, second opinion is always advisable before commencing final treatment.

It must be noted that detailed fetal anatomy may not always be visible due to technical difficulties related to fetal position, amniotic fluid volume, fetal movements and maternal abdominal wall thickness.

Not all fetal anomalies can be detected at every examination.

All measurement including fetal weight is subject to statistical variations. Different author growth chart of same parameter varies and should be considered during interpretation of reports.

This scan is a comprehensive obstetric sonography scan and is not intended to guarantee the absence of birth defects or congenital anomalies. Not all birth defects are present during the pregnancy. If no abnormalities are found on scan; this is not a guarantee of a healthy child.

maly scan Specific disclaimer

Basic evaluation of heart is done in this examination. Fetal echo is not part of this study. Fetal echo is a dedicated study to be done separately around 22-24 weeks when visualization of fetal heart is better.

Objective for anomaly scan is a head to toe fetal structural survey with the aim of picking up anomalies that are amenable to intrauterine Dr postnatal.

Detection rate of Spina bifida is 70%[1], Orofacial clefts is 73%[6], Bone dysplasia is 62 %.[5]

Achondroplasia can be diagnosed only after 24 weeks.[5]

Difficult to detect anomalies on anomaly scan are Lobar holoprosencephaly, partial acienesis of corpus callosum, Closed spinal bifida.[1]

Posterior fossa cystic anomalies are difficult to classify.[1]

Even in expert hands, some fetal CNS anomalies may be difficult or impossible to diagnose in utero.[2]

Abnormalities of the fetal hard palate particularly the secondary palate, can be challenging to evaluate with 2D ultrasonography and requires 3d for proper evaluation.[3]

List of evolving Anomalies (Anomalies not present in earlier scan, presenting late & may he detected on follow un scan or in neonatal period)

Brain - Microcephaly, Ventriculomegaly, Corpus callosal agenesis, Partial Corpus callosal agenesis, Vein of Galen Malformation

Face - Micrognathia, Retrognathia[1]

Heart - Coarctation of aorta, Hypoplastic left heart syndrome, Hypoplastic right heart syndrome, Ebstein's anomaly Atrial septal defect, Ventricular septat defect, Partial Anomalous pulmonary venous Connections

Thorax - Adenomatoid lung malformation (CPAM), Congenital high airway obstruction - syndrome(CHAOS), Pulmonary Sequestration, Pleural effusion, Tracheo- esophageal atresia.

Abdomen - Diaphragmatic Hernia[4], Oesophageal atresia, Duodenal atresia, Jejunal atresia, Anorectal malformation, Mesenteric Cyst, Gonadal cyst

Bone - Achondroplasia, Craniosynostosis

Syndromes - Downs' syndrome

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Schramm T, Gloning KP, Minderer S et al: Prenatal sonoaraphic diagnosis of skeletal dysplasias. Ultrasound Obstet Goecol 34:160-170, 2009.

Maarse W, Pistorius L, et al : Diagnostic accuracy of transabdominal ultrasound in detecting prenatal cleft lip and palate: a systematic review. Ultrasound Obstet Gynecol 35:495-502, 2010.

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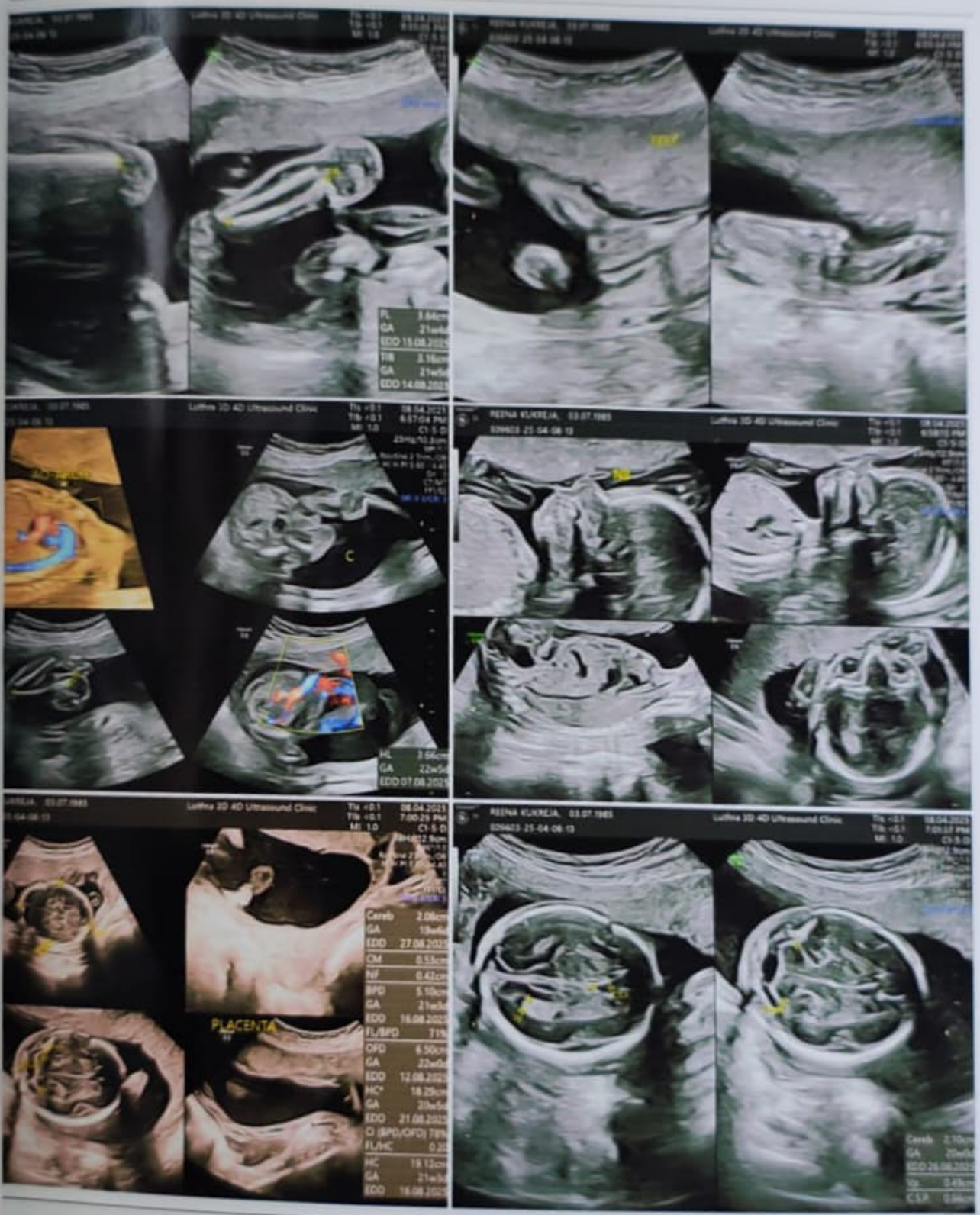

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