Dr. Ranesh Debbarma

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Reg No. 001702

ডাঃ রনেশ দেববর্মা
এম.বি.বি.এস, এম.ডি
স্ত্রী ও প্রসূতি রোগ বিশেষজ্ঞ
মোবাইল - 8974743030
8837352023

Date 05/4/25

INVESTIGATION

Name Jebmika Tripura Age 30 yrs Sex........

F/u/c - PRIMIGRAVIDA

LMP = NK

Edd by USG : 01-9-25

POG = 18wks + 4d.

Adv.
QUADRUPLE Marker

Rx
① Rebeca ... 1OD x 30d
② Tab. Bizelis ... 1OD x 30d
③ Syp. Zedex Plus ... 5ml BD

Review 10/8/25

Address : Near Dhalai District Hospital
Kulai, Dhalai, Tripura

Not for any Emergency
Kindly Visit Nearby Hospital

Mobile- 8798976229

The New

Apolo Clinic

A unit of Ultrasonography & Pathology.
Kumarghat, Unakoti Tripura.
Our Branches: Dharmanagar, Kumarghat.
Division of-Ultrasonography

PATHOLOGOY ULTRA SONOGRAPHY

Name : **Jabanika Tripura.** **Date :** **06/04/2024.**

Age : **30 years.** **Sex :** **Female.**

Adv. By : **Dr. Ranesh Debbarma, MBBS, MD.**

USG Gravid uterus with anomaly scan

Thanking you for referring the patient for us examination

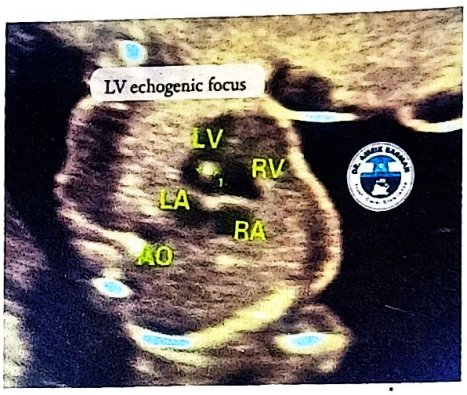
Scan Mode: Trans abdominal Scan **Nature of scan: OBSTETRIC ULTRASOUND SCAN (Anatomy Scan)**

EDD by USG: 03/09/2025

Foetus : Intrauterine single live fetus of about 18 weeks 4 days maturity is seen in changing lie, at present scan.

FOETAL PARAMETERS:

Foetal parameter	Measurement (mm)	Corresponding GA weeks	Days
BIPARIETAL DIAMETER	40.02	18	1
1HEAD CIRCUMFERENCE	150.41	18	0
ABDOMINAL CIRCUMFERENCE	124.30	18	0
FEMUR LENGTH	25.25	17	4
TIBIA LENGTH	26.07	19	2
HUMERUS LENGTH	31.03	20	2
RADIUS LENGTH	22.57	18	1
ULNA LENGTH	22.90	18	0
FIBULA LENGTH	26.02	19	0
OFD	51.01	18	1
CLAV	20.41	20	4
TAD	41.58	18	6
TTD	37.62	18	1
APAD	40.10	18	4



Approximate foetal weight : **214.0g. +/- 31 g.**

Foetal Heart rate : **146 BPM**

Placenta : Fundobody-anterior .Grade -I. No mass present. Accessory lobe- nil

Amniotic fluid : Internal OS is closed.
Adequate. Largest liquor pocket measure **43.33 mm.** in vertical axis.

----------P.T.O.

All measurements are approximate values. Typing and printing error to be reported at earliest. Clinical correlation is required. This report is not valid for medico legal purpose.

Head	:	Intact cranium. Cavum septi pellucidum -Present (measure **3.18 mm**), **HEM** (measures **20.29 mm**) Midline falx -Present Thalami -Present Cerebral ventricles. Lateral ventricle measure **7.6 mm**. Cerebellum appears normal (measure **18.60 mm**). Cisterna magna width measures **4.02 mm**.
Face	:	Both orbits present. **OOD: 27.94 mm, IOD: 9.30 mm.** Median facial profile- normal appearance. Mouth present. Upper lip intact. Nasal bone present (**5.14 mm**).
Neck	:	Absence of masses (e. g. cystic hygroma). Nuchal fold thickness measures **3.80 mm**.
Chest/Heart	:	Normal appearing shape / size of chest and lungs. Heart activity present. Four- chamber view of heart in normal position. Aortic and pulmonary outflow tracts- visualized. No evidence of diaphragmatic hernia. **LV echogenic focus (2.13 mm) noted at present scan.**
Abdominal	:	Stomach in normal position. Bowel not dilated. Both kidneys present. Cord insertion site – normal. The Doppler study of the Ductus Venosus in this antenatal ultrasound scan is normal. The triphasic waveform is present with a positive A wave.
Skeletal	:	No spinal defects or masses (transverse and sagittal views). Arms and hands present, normal relationships. Legs and feet present, normal relationships.
Umbilical cord	:	Three- vessel cord.
Length of cervical canal	:	**33.17 mm**.

ANOMALY SCAN :

Report summary : Intrauterine single live fetus of about 18 weeks 4 days maturity is seen in changing lie, at present scan.

- **LV echogenic focus (2.13 mm) noted at present scan.**

Finding of today's scan explained to the prospective parties. They understand limitation of this screening test especially in detecting cardiac abnormalities. Please note fetal echocardiography is a different study. For detailed foetal cardiac evaluation, foetal echocardiography is recommended.
Another ultrasound scan is recommended for foetal growth and placental localization at 32-34 weeks gestation or earlier if clinically indicated.

Explained that :
Ultrasound scanning cannot detect all fetal anomalies. Even through this scan has been performed as per current international guidelines for fetal imaging. Certain anomalies may go undetected due to technical limitation, maternal body habitus. Unfavorable fetal position or abnormal amount of amniotic fluid. Overall detection rate or major congenital abnormalities in antenatal understood is about 70% some congenital abnormalities are seen by USG only in 3rd trimester. thus, not detectable at 18-24 weeks scan. Antenatal Ultrasonography is a screening test for structural abnormalities. It does not confirm or exclude chromosomal problems in the foetus. Assessment of small body parts like fingers, toes and ears does not come within the scope of the targeted anomaly scan, subtle anomalies like mild facial dimorphisms, cleft of the posterior palate or small cardiac septal defects and anomalies that evolve towards later gestation may not be evident until after birth. All cases of tracheoesophageal fistula and imperforate anus are difficult to detect o prenatal scan considering its pitfalls in presentation.
I declare that while conducting Ultrasonography. I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Dr. Amrik Barman.
MD. Radiodiagnosis.
Reg No.003220 (TSMC)

Report typed by: Tuli Das.

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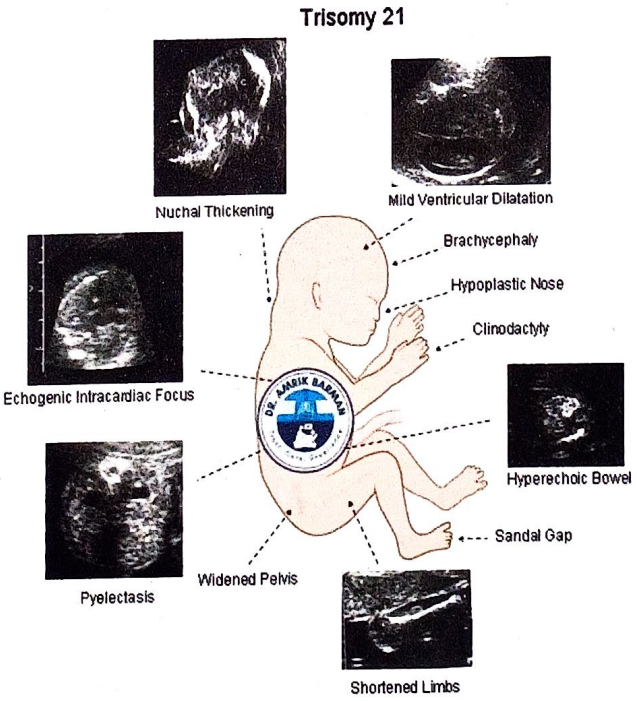
Calculation of Age Adjusted Ultrasound Risk Assessment	
Mid trimester apriori risk of Down Syndrome is	1 in 720
Nuchal fold **Thickened soft tissue at the fetal occiput (abnormal if >= 6 mm between 15 to 20 weeks)**	Absent
Hyperechoic bowel **(Bowel echogenicity comparable to bone)**	Absent
Short humerus **(Measured to Expected Humeral Length is < 0.9** **Expected Humeral Length = -7.9404 + 0.8492 * BPD)**	Absent
Short femur **(Measured to Expected Femur Length is <= 0.91** **Expected Femur Length = -9.3105 + 0.9028 * BPD)**	Absent
Echogenic intracardiac focus **(Discrete echogenic spot as bright as bone)**	**Present**
Pyelectasis **(Anterior posterior dimension of the renal pelvis >= 4 mm)**	Absent
Total post-ultrasound likelihood ratio	**2.8**
Patient-specific risk for Down syndrome posterior probability	**1 in 257.8**
The Risk for Trisomy 18 (Edward syndrome) is	**1 in 2820**
The Risk for Trisomy 13 :	NA



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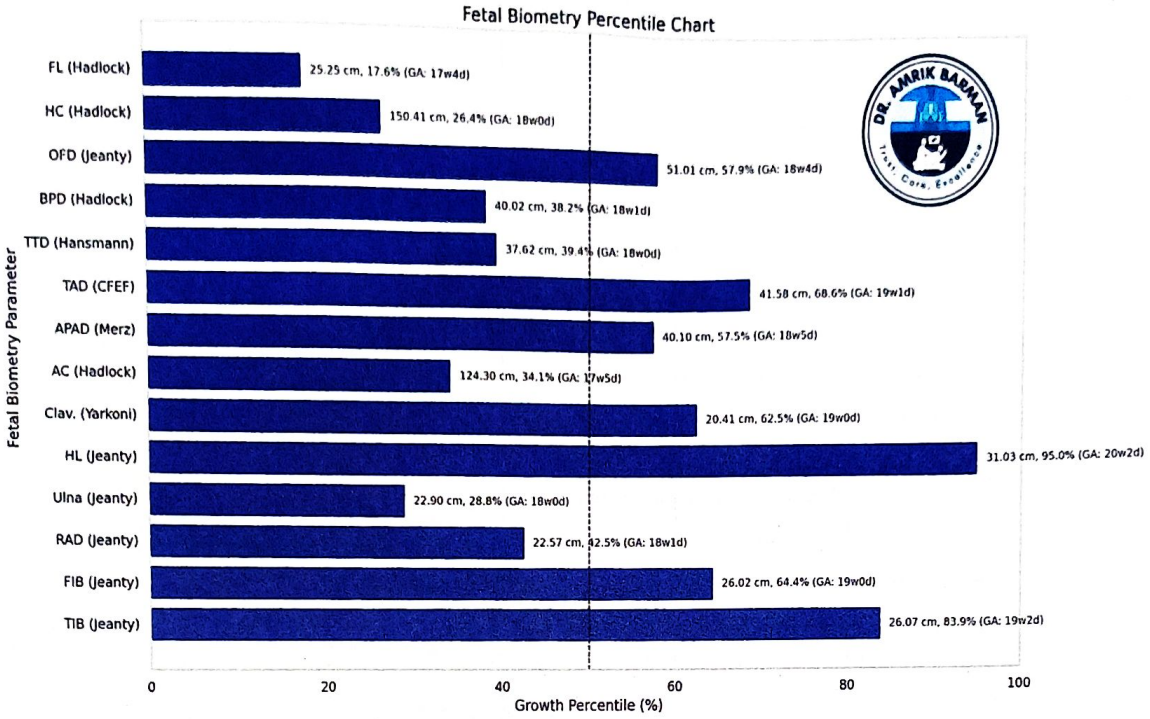
Fetal Biometry Percentile Chart
FL (Hadlock)
HC (Hadlock)
OFD (Jeanty)
BPD (Hadlock)
TTD (Hansmann)
TAD (CFEF)
APAD (Merz)
AC (Hadlock)
Clav. (Yarkoni)
HL (Jeanty)
Ulna (Jeanty)
RAD (Jeanty)
FIB (Jeanty)
TIB (Jeanty)
25.25 cm, 17.6% (GA: 17w4d)
150.41 cm, 26.4% (GA: 18w0d)
51.01 cm, 57.9% (GA: 18w4d)
40.02 cm, 38.2% (GA: 18w1d)
37.62 cm, 39.4% (GA: 18w0d)
41.58 cm, 68.6% (GA: 19w1d)
40.10 cm, 57.5% (GA: 18w5d)
124.30 cm, 34.1% (GA: 17w5d)
20.41 cm, 62.5% (GA: 19w0d)
31.03 cm, 95.0% (GA: 20w2d)
22.90 cm, 28.8% (GA: 18w0d)
22.57 cm, 42.5% (GA: 18w1d)
26.02 cm, 64.4% (GA: 19w0d)
26.07 cm, 83.9% (GA: 19w2d)
DR. AMRIK BARMAN
Trust, Care, Excellence
Fetal Biometry Parameter
0
20
40
60
80
100
Growth Percentile (%)

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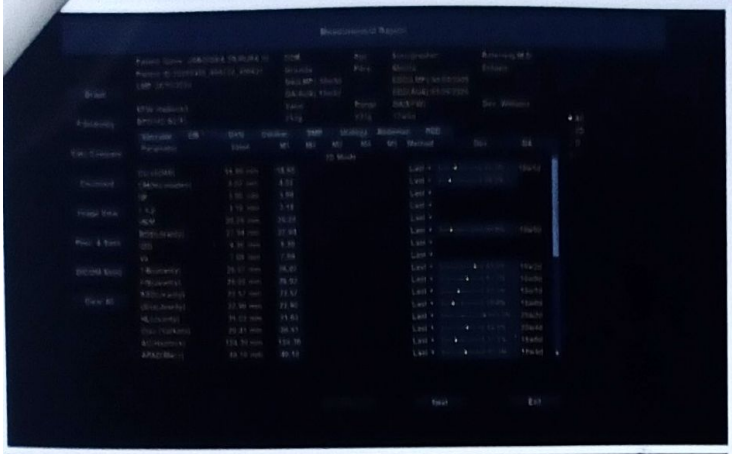

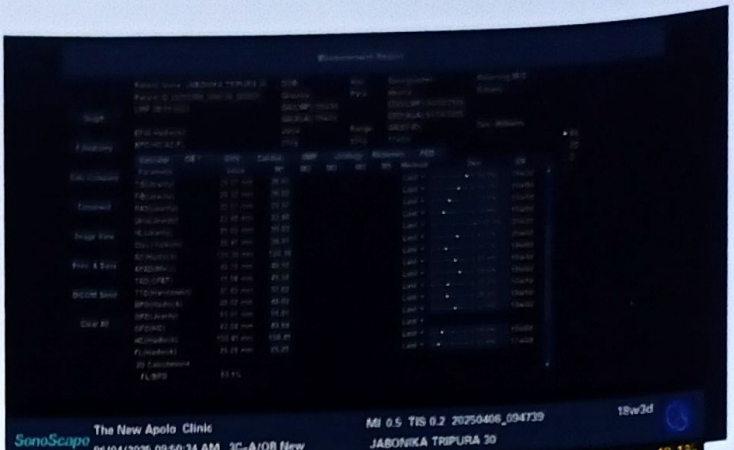

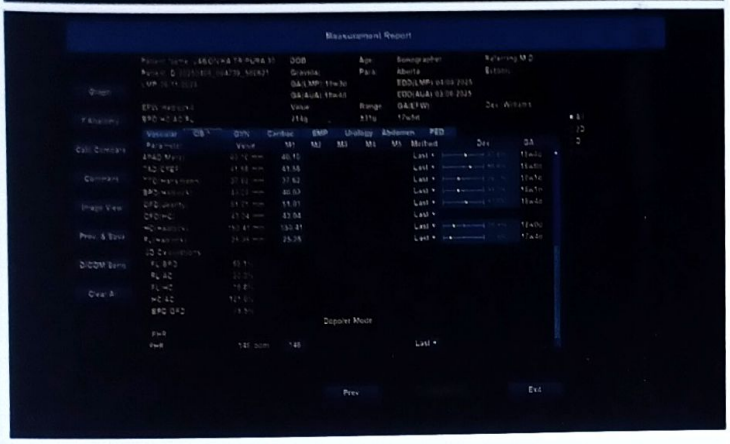

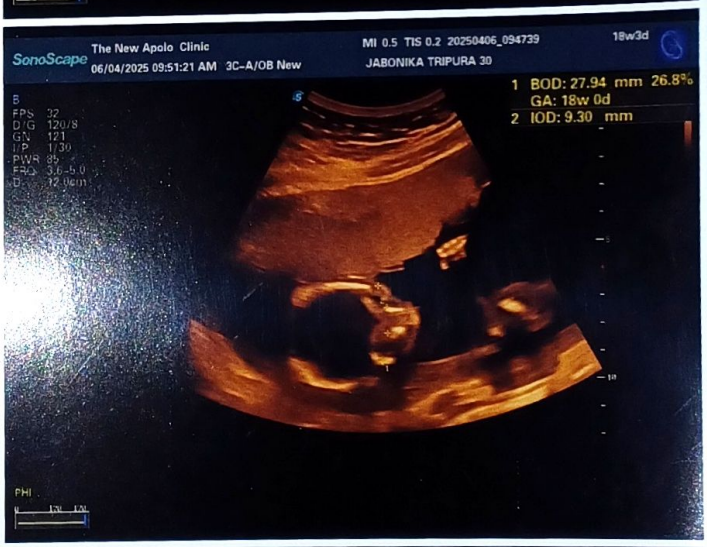

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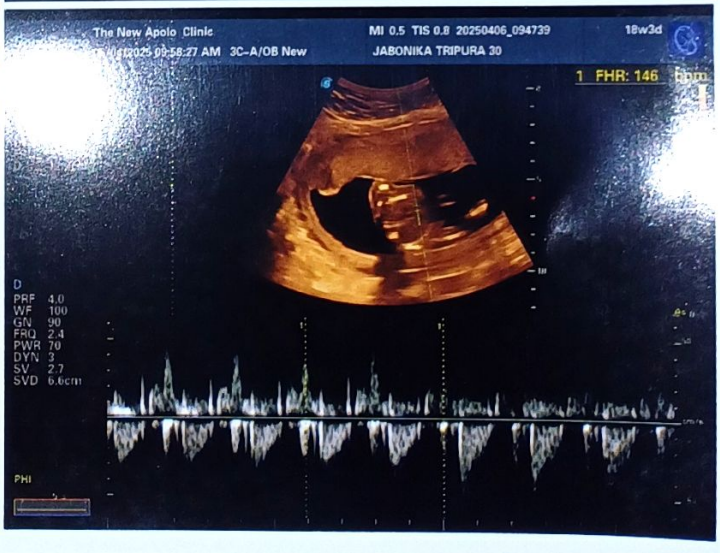

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