

19/4/25

① Mrs. Kirti Satkar

Age - 33 y/f

Quadruple Marker

DOB - 12/11/1991

UMP - 18/11/2024

Height - 5'6"

Weight - 84.0 Kg.



श्री डायग्नोस्टिक सेन्टर

MIRACLE COMPLEX, BUS STAND, DURG (C.G.) PH. : 0788-4040925, Mob. : 6260752008

PT.'S NAME : MRS. KIRTI SATKAR
AGE/SEX : 33Y/FEMALE
REF BY : DR. MANASI GULATI
DATE : 18.04.2025
REG. NO. : 218398
REPORT PREPARED BY: P.K. REENA

USG OBSTETRICS WITH ANOMALY SCAN

Limited evaluation of fetus due to anterior abdominal fat.

Weight: 84 kg.

Height: 168 cm

B.M.I.: 29.7 kg/m²

LMP: 18.11.2024.

- Single live intrauterine foetus with Cephalic Presentation is seen at the time of examination.
- Liquor is adequate in amount.
- Cervical length: 3.2 cm.
- Foetal movements are identified and foetal heart is positive.

Foetal Biometry :

Foetal Heart Rates :		138	B/Min. Regular.				
BPD Measures :	5.41	cm. Corresponds To :		22	Weeks	3	Days.
HC Measures :	19.26	cm. Corresponds To :		21	Weeks	4	Days.
AC Measures :	16.55	cm. Corresponds To :		21	Weeks	4	Days.
FL Measures :	3.52	cm. Corresponds To :		21	Weeks	1	Days.
TIB Measures :	3.20	cm. Corresponds To :		21	Weeks	6	Days.
FIB Measures :	3.09	cm. Corresponds To :		21	Weeks	0	Days.
HL Measures :	3.18	cm. Corresponds To :		20	Weeks	4	Days.
RAD Measures :	2.99	cm. Corresponds To :		21	Weeks	3	Days.
ULNA Measures :	3.10	cm. Corresponds To :		21	Weeks	5	Days.
CEREB Measures :	2.28	cm. Corresponds To :		21	Weeks	1	Days.
BOD Measures :	3.40	cm. Corresponds To :		21	Weeks	5	Days.
Average Ultrasound Age Is		21	Weeks	3	Days.		
Expected Date Of Delivery By Ultrasound :				26.08.2025			
Expected Date Of Delivery By LMP :				25.08.2025			
Estimated Foetal Weight Is		423	Gms. ±	62	Gms.		

- Placenta: Anterior, Grade-I.
- Ductus venosus reveals normal flow & spectral waveform.
- Bilateral uterine arteries show normal wave form and PL.

FETAL EXTREMITIES:

- All four limbs present with no gross abnormality.

Thanks for Giving us an Opportunity to serve.

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FETAL HEAD:

- CSP is properly visualized appears normal, however suboptimal evaluation of corpus callosum due to anterior abdominal fat.
- Mid line falx is well seen. Both lateral ventricles are normal in size. The posterior fossa appears normal. The cerebellum is normal.

FETAL SPINE:

- Bony vertebrae are well visualized appears normal, however suboptimal evaluation of fetal spinal cord and subcutaneous part of fetal back due to anterior abdominal fat.

FACE:

- Bony mandible & maxilla are normal, however suboptimal evaluation of fetal lips due to anterior abdominal fat. Orbit and nasal bone appear normal. Nasal bone length is 7.0 mm.

THORAX: Limited evaluation of outflow tracts due to anterior abdominal fat.

- The heart appears in normal cardiac situs.
- The four chamber view is normal. Fetal echo not done.
- Both lungs are well seen.
- No evidence of diaphragmatic hernia is seen.
- No evidence of pleural or pericardial effusion.

ABDOMEN: Limited evaluation of anal region due to anterior abdominal fat.

- Abdominal situs appears normal.
- Prominent bilateral fetal renal pelvicalyceal system (AP diameter 3.5 mm on right side & 3.2 mm on left side) is soft marker for trisomy - Needs quadruple marker correlation
- Stomach, and urinary bladder are normal.
- The gall bladder is well seen.
- No evidence of ascites. No abdominal wall defect.
- Bowel loops show no increased echogenicity.

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IMPRESSION:

- Single live intrauterine foetus with **Cephalic presentation is seen at the time of examination, which corresponds, to gestational age 21 Weeks, 3 Days.**
EDD 26.08.2025 +/- 10 Days.
- CSP is properly visualized appears normal, however suboptimal evaluation of corpus callosum due to anterior abdominal fat.
- Bony vertebrae are well visualized appears normal, however suboptimal evaluation of fetal spinal cord and subcutaneous part of fetal back due to anterior abdominal fat.
- Bony mandible & maxilla are normal, however suboptimal evaluation of fetal lips due to anterior abdominal fat.
- Prominent bilateral fetal renal pelvicalyceal system (AP diameter 3.5 mm on right side & 3.2 mm on left side) is soft marker for trisomy - Needs quadruple marker correlation.
- Limited evaluation of outflow tracts due to anterior abdominal fat.
- Limited evaluation of anal region due to anterior abdominal fat.
- Follow up /2nd opinion scan is advised.
Fetal echo is advised for dedicated evaluation of fetal heart (22-24 weeks).
Suggest clinical & Quadruple marker correlation.
MRI fetus if clinically indicated.

Disclaimer:

This is only a professional opinion and not the final diagnosis and should be correlated with clinical and other parameters-Triple / Quadruple Markers. Please note that ultrasound study has certain limitations. Some times fetal anomalies may not get diagnosed due to nature of anomaly, appearance of anomaly, gestational age, fetal positioning, maternal abdominal obesity, other technical parameters including limitations of machine, hence absence of mention of fetal anomaly in the study does not always rule out its possibility. Not all anomalies can be detected on sonography. Fetal limb anomalies are not always detectable due to fetal position. Follow up scanning and second opinion are always advisable. For detection of cardiac anomaly foetal echography is necessary. Ear anomalies cannot be detected. Some anomalies like congenital diaphragmatic hernia, club foot, evolving cardiovascular and CNS anomalies etc may develop at a later stage & certain abnormalities such as anorectal and bowel atresia, tracheo-esophageal anomalies, small ventricular septal defect (VSD) may not be picked up at 19-20 weeks-Needs dedicated fetal echo is advised & ASD etc may not be picked up in mid-trimester scan. Fetal anomalies that may not be apparent by 20-24 weeks of gestation are some forms of hydrocephalus, microcephrosis, heterozygous, achondroplasia. Assessment of small body parts like fingers, toes and ears does not come within the scope of targeted anomaly scan. Study of genital organs is prohibited by PCPNDT act- detection of their anomalies is not feasible

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