

3 TESLA MRI

PET-CT SCAN

PSMA-PET

DOTATOC-PET

4D SONOGRAPHY

DIGITAL X-RAY

UPID : GVD-22190

Patient Name : MRS SUJATA SURYAWANSHI

Referred by : DR. KARISHMA NIMJE

Examination : USG ANOMALY SCAN

LMP : 08/12/2024 (19 weeks, 4 days)

Real time B-mode ultrasonography of gravid uterus done.

Route : Trans-abdominal.

Single intrauterine gestation.

**Maternal:**

Cervix measured 3.1 cm in length.

Internal os appears closed.

**Doppler Indices:**

Artery	PI	RI	SD	Percentile
• Rt. uterine	1.08	0.62	2.6	
• Lt. Uterine	1.20	0.67	3.0	
• Mean	1.14			52 % (normal)

**Fetus:**

Survey -

Presentation - changing position.

Placenta - posterior, away from os, grade I maturity.

Liquor - adequate.

Cardiac activity - present.

Fetal activity - present.

FHR:- 124/ min.

**Biometry:**

BPD - 45 mm - 19 weeks - 6 days

HC - 165 mm - 19 weeks - 2 days

AC - 139 mm - 19 weeks - 3 days

FL - 30 mm - 19 weeks - 5 day

EFW (Gms) = 293 gms +/- 43 gm.

TCD = 18 mm.

Nasal bone = 5.3 mm.

Nuchal fold = 4.3 mm

**Fetal anatomy:**

Head -

Cisterna magna = 4.9 mm.

Lateral ventricle = 4.2 mm.

Midline falx seen. Both lateral ventricles appear normal. Posterior fossa appears normal.

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**Spine -**  
Spine visualized in longitudinal and transverse axis. Vertebrae and spinal canal appear normal.

**Face -**  
Fetal face seen in coronal and profile views. Both orbits, nose and mouth appear normal.

**Thorax -**  
Both lungs seen. No evidence of pleural or pericardial effusion. No evidence of SOL in thorax.

**Heart -**  
Heart appears 4 chambered. Normal cardiac situs. Outflow tracts appear normal.

**Abdomen -**  
Abdominal situs appears normal. Stomach bubble appears normal. No evidence of ascites. Abdominal wall intact.

**KUB -**  
Right and left kidneys appears normal. Bladder appears normal.

**Extremities -**  
All fetal long bones visualized and appear normal for the period of gestation. Both feet appear normal.

**IMPRESSION:**

- A single live intrauterine fetus of sonic gestational age of 19 weeks 4 days with changing presentation, grade I posterior placenta and adequate liquor. No obvious fetal anomalies in present scan. EDD by LMP: 14/09/2025.
- **Suggested fetal 2D echo at 22-24 weeks for detailed cardiac examination.**

**Declaration:- I have neither detected nor disclosed the sex of the fetus of pregnant women to anybody as laid in rule 10 (A)**

It must be noted that detail fetal anatomy may not always be visible due to technical difficulties related to fetal position, amniotic fluid amount, fetal movements and abdominal wall thickness. Therefore all fetal anomalies may not necessarily be detected at every sonography examination. All measurements including estimated fetal weight are subject to statistical variation. Fetal echo is not included in this study.

- 1) This is a Professional Opinion only and not the final Diagnosis.
- 2) No ultrasonography finding is pathognomic, all findings are only suggestive, hence they should be reviewed with the relevant clinical examination & relevant investigations before embarking upon the final Diagnosis and proceeding for Management (Medical or Surgical).
- 3) In case of Disparity between clinical and Sonographic/X-ray findings, please send patient again for review free of cost.
- 4) This report is not valid for medico legal purposes.
- 5) Subject to Nagpur Jurisdiction only.

*[Signature]*

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