(✓)

धनु श्री क्लीनिक

डॉ. सविता विश्वकर्मा
मो. 9171852870

Date : 26/4/25

Pt. Name : Mrs. varsha gautam

Rx

Age / Sex: 28 yrs/F Weight 56 kg

LMP:- 01/11/24

EDD:-

BP:- 100/60 mm Hg

40
6 month OHC
wants checkup

4 yrs wch FTC
missed Abortion

Rx

- cap. folmatch
  1 OD x 1 month
- syp. DQ-10 plus
  2 tsp OD x 1 month
- protigen powder
- Inj T.T 2nd dose — (T)
- Dyjit D3 sachet
  1/wk x (4) wk

Target
SLIUF of 21 wks 6 d
placenta - Ant. gr I
Cx 3.9 cm
wt 445 gms
31/8/25
Intracardiac echogenic focus seen in left ventricle ~3.4 mm

Adv
Quadruple marker

दवाईयाँ डॉक्टर को दिखाकर प्रयोग करें ।

पता - हनुमान बाग, क्षमा हार्डवेयर वाली गली, आरती मेडिकल के सामने, बेगमगंज, जिला-रायसेन

भारत सरकार
Government of India

वर्षा गौतम
Varsha Gautam
जन्म तिथि/DOB: 12/07/1996
महिला/ FEMALE

2826 4011 1290
VID : 9163 6850 2794 3047
मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
C/O गुलाब गौतम, कटोरी, खैरांजी, कटोरी, बालाघाट, मध्य प्रदेश - 481337

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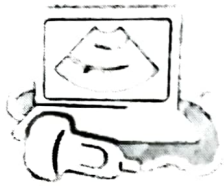
DAKSHITA
Diagnostic Centre
3D, 4D, SONOGRAPHY, ELASTOGRAPHY & COLOUR DOPPLER



Name : Mrs.Varsha Goutam | Age/sex:28 yrs/F
Refd.By:Dr.Savita Vishwakarma | Date:26.04.2025

ULTRASONOGRAPHY REPORT OF GRAVID UTERUS (ANOMALY SCAN)

LMP :21.11.2024 GA by LMP : 22 Weeks 02 Days EDD by LMP :28.08.2025
There is single live intrauterine fetus in unstable lie.
Cardiac activity is regular, about 152 per min.
Amniotic fluid is adequate.
Placenta : Anterior Grade: I Cervical length : 3.9 cm.

Measured fetal parameters are:

BPD	=	51.0 mm corresponding to	21	Weeks 04	day
HC	=	196.7 mm corresponding to	22	Weeks 00	day
AC	=	168.5 mm corresponding to	21	Weeks 06	day
FL	=	36.4 mm corresponding to	21	Weeks 04	day
Cerebellum	=	21.7 mm corresponding to	21	Weeks 06	day
Humerus	=	36.6 mm corresponding to	22	Weeks 06	day
Ulna	=	29.8 mm corresponding to	21	Weeks 01	day
Tibia	=	33.3 mm corresponding to	22	Weeks 02	day
OOD	=	34.7 mm corresponding to	22	Weeks 01	day
Nuchal	=	3.1 mm			
Nasal	=	6.4 mm			
Radius	=	31.1 mm			
Fibula	=	35.8 mm			
Lateral Vent.	=	4.3 mm			
Cisterna Magna	=	3.4 mm			
IOD	=	11.1 mm			

Estimated fetal weight is 445.0 grams ± 65.0 grams.
Estimated gestational age by USG = 21 weeks 06 days.

Detailed foetal anatomical survey was done to detect congenital anomalies.
Following finding are noted

Head showing mid line falx with no identifiable intra cranial lesion. Lateral ventricle, appeared normal in size measuring 4.3 mm. Transverse cerebellar diameter 21.7 mm and cisterna magna measuring 3.4 mm was noted. Cavum septum pellucidum is seen.

P.T.O.

Dr. Amit Kumar Jain
Radiologist
Reg. No. : 12804

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Spine showing normal spinal trace in sagittal and transverse scanning.

Neck showing no any cystic lesion is seen around neck.

Face showing normal appearing orbits, nose and mouth with no evidence of any cleft lip.

Thorax showing centered heart with normal four chamber view and outflow tracts. Cardiac apex is pointing towards left of fetus. Cardiac size is normal. No evidence of any pleural or pericardial effusion seen. There is an intracardial echogenic focus seen in left ventricle, measuring 3.4 mm in size. **(ADVISE : 2D foetal ECHO for further evaluation)**

.(Note: Exclusive fetal 2Decho at 22-24 wks is necessary to diagnose major cardiac anomalies, All cardiac anomalies can not be diagnosed on B-mode ultrasound, ASD and PDA can not be diagnosed antenatally as they are physiological)

Abdomen showing normal situs with normal appearing stomach and bowel pattern. No evidence of ascitis and abdominal wall defect noted. No diaphragmatic Hernia. No omphalocele.

Both kidneys and urinary bladder appeared normal. No significant pyelectasis.

All foetal long bones were visualized and appeared normal.. No evidence of overlapping. *digits can not be commented*

Three vessel cord (Two umbilical arteries) is noted.

Bilateral uterine arteries, Umbilical artery, MCA & ductus venosus reveal normal resistance *to flow.*

CONCLUSION :

1. Average USG gestational age is 21 weeks 06 days ± 02 weeks which is consistent with the period of amenorrhoea with EDD (USG) 31.08.2025.
2. Detailed fetal anatomical survey was done, which revealed normal sonoanatomy of the fetus for the gestational age as described above.
3. Amniotic fluid is adequate (Single pocket AFI measuring 5.3 cm).

PLEASE CORELATE CLINICALLY,QUADRUPLE MARKER, NIPT & FOETAL 2D ECHO FOR FURTHER EVALUATION.

I Dr. Amit Kumar Jain declare that while conducting sonography / image scanning on Mrs.Varsha I have neither detected nor disclosed the sex of the foetus to any body in any manner.

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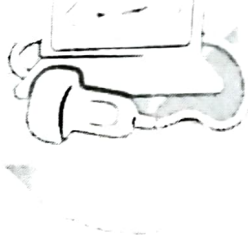

Please note:
It must be noted that detailed fetal anatomy may not always be clear due to technical difficulties related to fetal position/movement, amniotic fluid volume, tissue echogenicity & maternal abdominal wall thickness. Therefore, all fetal anomalies may not necessary be detected at every examination.Digits and earlobe examination is not a part of routine anomaly scan .Fetal echo is done separately for cardiac anomalies.

Normal target scan does not completely rule our all abnormalities. Foetus is a growing structure with changing status so internal scanning with other modalities are needed for continuous evaluation. Many anamolies like soft palate defect, TOF are poorly detected by ultrasound or other modalities.Therefore, A normal target scan still have risk of 2-3 anomalous foetus per 1000 scans.

All abnormalities and genetic syndromes cannot be ruled out by ultrasound examination. Ultrasound examination has its own limitations. Some abnormalities evolve as the gestation advances. The detection rate of abnormality depends on gestational age of fetus, fetal position, tissue penetration of sound waves and patient body habitus.

Please note: This is a risk assessment only and chromosomal abnormalities can not be diagnosed by ultrasound and or blood test. The only way to know the chromosomal make up of the fetuses is by invasive tests.

Results from the Target screening test represents risk and not diagnostic outcome. Increased risk in screening test does not mean that the baby is affected and only warrants further tests for diagnosis.

A low risk does not exclude the possibility of chromosomal abnormalities, as the risk does not detect all the affected pregnancies.

This report is not valid for medicolegal purpose

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