

**Dr. SYED ZAFIR WAQUI**

- M.B.B.S. (PDMMC, Amravati.)
- M.D. (Radiodiagnosis - IGGMC, Nagpur)
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- Reg. No. 2013051327

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ce 3D & 4D Ultrasonography - Color Doppler - Digital X-Ray - Non Vascular Interventional Radiology - Conventional Procedure

Name	: Mrs. Nigar Zahed Shabnam	A/S	: 32 Years/Female
Ref. By	: Dr. ARTI MURKEY Mam MBBS DGO (OBGY)	Date	: 02-May-25

Indication: - Evaluation of fetal structures.

Note: -

- 1) Double / Triple / Quadruple marker test not done.
- 2) NTN scan done - unremarkable.

2D ANOMALY SCAN WITH UA DOPPLER

DATING	LMP	GESTATIONAL AGE	EDD
BY LMP	LMP:07-Dec-24	20 weeks 6 days	13-Sep-25
BY USG		20 weeks 5 days	14-Sep-25

AGREED DATING IS BASED ON LMP

There is a gravid uterus with a single foetus in variable presentation.

Foetal cardiac pulsation is present. 173 bpm

Foetal movements are present.

Placenta is **anterior**. Anterior edge is 6.7 cm away from internal OS.

Liquor is adequate. 13.23 cm

The cervical canal measures 4.21 cm in length. The internal os is closed.

The fetal growth parameters are as follow:

		GA	Percentile	Graph
BPD	4.97 cm	21 weeks 0 days	56.90 %	
HC	19.61 cm	21 weeks 6 days	80.60 %	
AC	16.01 cm	21 weeks 1 days	52.10 %	
FL	3.72 cm	21 weeks 6 days	75.10 %	
WEIGHT	426 g	21 weeks 2 days	76.10 %	

Targeted Imaging for Fetal Anomalies**HEAD**

Midline falx seen.

Both lateral ventricles appear normal. (Lateral ventricle width - 6.06 mm)

The cerebellum and cisterna magna are normal.

(Cerebellum - 2.07 cm and Cisterna magna - 5.61 mm)

No intracranial calcification is identified.

SPINE

Entire spine visualized in longitudinal and transverse axis.

CVJ, Vertebrae and spinal canal appear normal.

No evidence of neural tube defect is noted.

(All neural tube defects are not detected on USG)

Sacral skin appears clear during the time of scan.

NECK

No cystic lesion seen around the neck.

The Nuchal fold thickness is normal measures 3 mm.

FACE

Fetal face seen in the coronal and profile view.

Both Orbits, nose and mouth (Lips) appeared normal.

Interorbital distance – 1.17 cm

Nasal bones visualized measures – 6.29 mm.

HEART:

The position of the heart is normal.

Cardiac four chamber view appears normal.

3 vessel view, RVOT, LVOT, pulmonary vein, interventricular septum appear normal.

Detailed Fetal Echocardiograph suggested at 24 weeks of gestation.

THORAX:

No e/o pleural effusion or pericardial effusion seen.

No e/o SOL in thorax.

The diaphragm is normal.

ABDOMEN

Abdominal situs appeared normal. Stomach bubble seen.

Normal bowel pattern appropriate for the gestation seen.

No evidence of ascites. Abdominal wall intact.

KUB:

Both kidneys and urinary bladder appears normal.

LIMBS

All fetal long bones visualized and appear normal for the period of gestation.

Both hands and feet appeared grossly normal. (Finger counting not done)

Long Bones Measurements:

Fibula length: 2.99 cm, 21 weeks 0 days

Radius length: 2.52 cm, 19 weeks 3 days

Tibia length: 2.99 cm, 21 weeks 0 days

Ulna length: 3.05 cm, 21 weeks 3 days

COLOUR DOPPLER STUDY

VESSELS	PI	PI PERCENTILE	REMARK
Right uterine artery	1.50		No early Diastolic notch seen
Left uterine artery	1.14		No early Diastolic notch seen
Uterine artery Mean PI	1.32	82 %	Normal

AMDAN DIAGNOSTIC CENTER



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IMPRESSION:

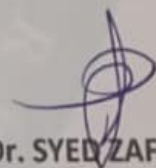
- SINGLE LIVE INTRAUTERINE FOETUS OF 20 weeks 5 days IS PRESENT.
- NO FETAL STRUCTURAL ANOMALY IS DETECTED AT THIS STAGE, however correlate with Quadruple marker test.

Suggest Follow up Scan

Please note that all anomalies cannot be detected all the times due to various technical and circumstantial reasons like gestation period, fetal position, quantity of liquor etc. The present study can not completely confirm presence or absence of any or all the congenital anomalies in the fetus which may be detected on post-natal period. Growth parameters mentioned herein are based on International Data and may vary from Indian standards. Date of delivery (at 40 weeks) is calculated as per the present sonographic growth of fetus and may not correspond with period of gestation by L.M.P. or by actual date of delivery. As with any other diagnostic modality, the present study should be correlated with clinical features for proper management. Except in cases of Fetal Demise or Missed Abortion, sonography at 20-22 weeks should always be advised for better fetal evaluation and also for base line study for future reference.

Detailed Disclaimer attached with report.

I Dr. SYED ZAFIR WAQUI declare that while conducting ultrasonography of Mrs. Nigar Zahed Shabnam K, I have neither detected nor disclosed sex of her fetus to anybody by any manner.


Dr. SYED ZAFIR
MBBS, MD, BCFRG

Thanks for referral.