



Patient Name	: Mrs. ASHVINI SANDIP MOHOD	Age/Sex	: 41 Years/Female
Ref. By	: Dr. AMRUTA DESHMUKH	Date	: 05-May-25

OBSTETRIC LEVEL II SCAN / TIFFA SCAN/ANOMALY SCAN

CLINICAL : LMP 15-Dec-24 GA LMP 20 weeks 1 days EDD 21-Sep-25

A single live intrauterine fetus.

Fetal cardiac activity and fetal movements appear normal.

Fetal gestational parameters are

Survey		Data	
FETUS	Single live	LMP	15-Dec-24
PRESENTATION	Variable	GESTATIONAL AGE BY LMP	20 weeks 1 days
LIE	Transverse lie	GESTATIONAL AGE BY USG	19 weeks, 6 days \pm 10 days
PLACENTA	Fundal Not Low lying	EDD/LMP	21-Sep-25
LIQUOR	Adequate	APPROX FETAL WEIGHT	314 gms \pm 46 gms
	SLP : 5.1cm	FHR	153 BPM
CERVICAL LENGTH	3.9 cm, IOS closed		

	Measurement	GA	Percentile	
Biparietal Diameter	4.61 cm	20 weeks 0 days	40.80 %	
Head Circumference	16.67 cm	19 weeks 2 days	11.70 %	
Abdominal Circumference	13.59 cm	19 weeks 0 days	13.30 %	
Femur Length	3.42 cm	20 weeks 5 days	64.10 %	
Average Ultrasound Age	19 weeks 6 days	23-Sep-25		
Estimated Weight	314 g	19 weeks 5 days	27.70 %	
FHR	153 bpm			

Fetal Anatomy

Fetal Head:

- ✓ Atria of the lateral ventricle - 7.9 mm (Normal).
- ✓ Cisterna magna - 4.2 mm (Normal).
- ✓ Transcerebellar diameter - 2.1cm. Cerebellum appears normal.
- ✓ Falx seen. Cavum septum pellucidum and cavum vergae seen.
- ✓ Shape of Skull - Normal
- ✓ Skull bone density - Normal

P.T.O

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✦ 3D/4D/5D Sonography ✦ Colour Doppler ✦ Digital X-Ray ✦ Image Guided Interventions

CT SCAN FACILITY :

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- ◆ **Fetal Face**
 - ✓ Nasal bone -Ossified. Length - 5.3 mm
 - ✓ Frontal bossing - Not seen
 - ✓ Depressed nasal bridge - Not seen
 - ✓ Fronto maxillary angle - Normal
 - ✓ Orbits - Visualized.
 - ✓ No facial cleft.
- ◆ **Fetal Neck**
 - ✓ Nuchal fold thickness - Normal (2.7 mm)
- ◆ **Fetal Chest:**
 - ✓ 4 chamber view is seen.
 - ✓ No evidence of echogenic intracardiac focus seen.
 - ✓ Cardiac axis appears normal.
 - ✓ Outflow tracts imaged.
 - ✓ Three vessel view seen.
 - ✓ Foramen ovale / flap visualized.
 - ✓ Cardiac evaluation is limited.
- ◆ **Fetal Abdomen**
 - ✓ Situs solitus maintained.
 - ✓ Stomach bubble visualized.
 - ✓ Fetal both kidneys are visualized.
 - ✓ Fetal urinary bladder appear normal
 - ✓ Parietal wall appears intact
 - ✓ Bowel - Normal caliber. No fluid
- ◆ **Umbilical cord** - Three vessel cord seen. No cord around fetal neck.
- ◆ **Fetal spine:** Smooth curvature of the spine including lumbo sacral segments visualized. To the extent visualized no major deficit or cystically dilated structure visualized. No abnormal scoliosis or deformity appreciated.
- ◆ **Long bones** of upper and lower extremities grossly appear normal. No evidence of CTEV.

MATERNAL UTERINE ARTERY DOPPLER SCREENING

UTERINE ARTERY	PI	NOTCH	REMARKS
RIGHT SIDE	2.4	No notch	Mean PI more than 95 th %tile
LEFT SIDE	1.2	No notch	

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GENETIC MARKER SCREENING

FINDINGS	REMARKS
Mega cisterna magna	NO
Ventriculomegaly.	NO
Three vessel cord	YES
Nasal bone ossification.	YES
Nuchal fold thickness	NORMAL
Choroid plexus cyst	NO
Proximal limb length shortening	NO
Pelviectasis.	NO
Echogenic Bowel	NO
Echogenic cardiac focus	NO

IMPRESSION: Suboptimal scan due to maternal wall obesity.

- Single live intrauterine fetus of average gestational age corresponding to 19 weeks, 6 days \pm 10 days.
- No gross soft markers / structural anatomical defects detected.
- Fetal growth is appropriate for gestational age.
- Mean bilateral uterine PI more than 95th %tile -needs close follow up for PIH.
- Apriori risk is 1 in 51.

Note- Patient identity is based on her own declaration and investigation done as per request of referral doctor. Not all fetal anomalies are diagnosed on ultrasound and there is significant variability in sensitivity of ultrasound for detection of fetal anomalies. Few anomalies are evolving anomalies may not be seen until later in your pregnancy. Under some circumstances a normal ultrasound finding may be interpreted as an anomaly. Counting of fingers, toes and assesment of external ears is not a part of routine anomaly scan and depends on fetal position and amniotic fluid volume. The quality of the scan image also depends on many factors, including the position of baby, amniotic fluid volume, fetal movemets and maternal abdominal wall thickness. Multiple pregnancy may also cause difficulties in ultrasound examination due to fetal position and overlap. Fetal echocardiography is suggsted at 22-24 weeks for better fetal heart evaluation.

Suggest Follow up.

Dr.Amita Dhawas, declare that while conducting ultrasonography on Mrs.Ashvini Mohod, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

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