

① Mrs. - Usha Kuswaha  
Age:- 30 y 1 f

Test - Sutura Pal max

DOB - 02-09-1995

Height - 5.4

Weight - 48 kg

L.M.P. - 18 September

Patient Name: SMT USHA KUSHWAHA

Date: 10/05/2025

Patient Id: 518243

Age/Sex: 29 Years / FEMALE

## ULTRASOUND EXAMINATION OF GRAVID UTERUS (4 - D ANOMALY SCAN)

LMP : 18/12/2024

LMP - GA : 20 weeks 3 days

LMP - EDD : 24/09/2025

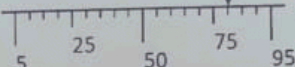
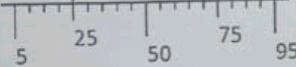
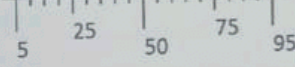
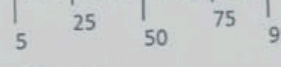
Height : 163 cm		MAP
Weight : 48.3 Kg	Systolic 100	80.00
	Diastolic 70	mmHG

- Single, live fetus is seen in variable presentation.  
The fetal body movements and cardiac activity appear normal.  
The liquor volume is adequate.  
The cervical length is 3.85 Cm. The internal os and cervical canal appear closed.  
Placenta is Anterior in position and grade 0 in maturity, There is no placenta Previa.  
There is no evidence of any Sonographically detectable anomaly noted in visualized parts of the fetus.  
The fetal growth parametres are as follow :

	Cm	Weeks	Days	
Biparietal Diameter :	5.0	21	2	80.2% + + + + +
Head Circumference :	17.5	20	0	24.9% + + + + +
Femoral Length	3.5	21	1	68.7% + + + + +
Tibia:	3.1	21	3	83.6% + + + + +
Fibula	2.85	20	1	42.7% + + + + +
Humerus	3.54	22	2	95.5% + + + + +
Radius	2.98	21	3	66.3% + + + + +
Ulna	3.08	21	4	70.7% + + + + +
Abdominal Circumference	15.0	20	2	38.7% + + + + +
FL/AC = 23.54%	HC/AC = 1.17			
FL/BPD = 70.38%	BPD/OFD = 82.46%			
Fetal Weight :	368 Grams +/- 55 Grams.			56.5% + + + + +
Heart Rate :	156 Beats Per Minute.			

PTO...



Patient Name: SMT USHA KUSHWAHA		Date: 10/05/2025	
Patient Id: 518243		Age/Sex: 29 Years / FEMALE	
BPD 50.3mm 80-P  21w2d	HC 175.4mm 25-P  20w0d	AC 150.4mm 39-P  20w2d	FL 35.4mm 69-P  21w1d

A detailed examination of fetus was performed to detect congenital anomalies.

## HEAD :-

Transverse cerebellar diameter appears to be normal.

Both lateral ventricles appear normal.

Lateral ventricle at atrium measures :- 8.25 mm.

Cerebellar diameter :- 22.6 mm.

Cisterna magna appears normal :- 6.87 mm.

Nuchal thickness :- 2.9 mm.

## NECK :-

No cystic lesion seen around the neck

## SPINE :-

Vertebrae and spinal canal appears to be normal.

No evidence of any obvious neural tube defect.

## FACE :-

Both orbits, nose and mouth appear to be normal.

## THORAX & HEART :-

Heart appears in the mid position. Normal cardiac situs-four chamber view ( normal).

Outflow Tracts are normal with normal Criss - Crossing of Aorta & Pulmonary Artery.

Both lungs and domes of diaphragm are normal.

No evidence of pleural / pericardial effusion.

## ABDOMEN :-

Stomach appear to be normal.

No evidence of Ascites.

Abdominal wall intact.

Both the kidneys and urinary bladder appear to be normal.

## LIMBS :-

Fetal limbs grossly appear to be normal.

Three vessel cord is noted

PTO...



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Patient Id: 518243	Age/Sex: 29 Years / FEMALE

**Right Uterine Artery PI – 0.63 , Left Uterine Artery PI – 0.89**

Sr No	2 <sup>nd</sup> Trimester Aneuploidy Markers	
1	Intracardiac Echogenic Focus	Absent
2	Ventriculomegaly	Absent
3	Increased Nuchal Fold	Absent
4	Echogenic Bowel	Absent
5	Mild Hydronephrosis	Absent
6	Short Humerus	Absent
7	Short Femur	Absent
8	Aberrant Right Subclavian Artery	Absent
9	Absent or Hypoplastic Nasal Bone	Normal size
	Apriori Risk:	1 in 695
	LR Ratio:	0.13
	Trisomy21 Risk:	1 in 5340

The Estimated Risk is Calculated by the FMF (Fetal Medical Foundation).

Preeclampsia risk From:		
History only		History plus MAP, UTPI
< 32 weeks:	1 in 2000	< 32 weeks: 1 in 10000
< 36 weeks:	1 in 286	< 36 weeks: 1 in 5000
<b>Recommendation</b> The risk of preeclampsia was assessed by a combination of maternal characteristics and medical history with measurements of blood pressure and blood flow to the uterus.  On the basis of this assessment the patient is unlikely to develop PE before 36 weeks. However, it is recommended that the risk for term-PE is assessed at 36 weeks.		

## IMPRESSION :

- Single, live fetus in variable presentation, corresponding to 21 weeks 0 Days.
- Assigned EDD is 24 Sept - 2025 (As Per LMP) .
- No Obvious Congenital Anomaly Detected.
- No Sonography Soft Marker for Trisomy on Present Examination.
- Low Risk for PIH

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