Opp: Oriental Bank of Commerce, Near Tamtam Parao
Phulwari Sharif, Patna, Bihar - 801505
✆ 6206007103, 7209772939

BIHAR DIAGNOSTIC & IMAGING CENTRE

(A Centre Committed to Excellence and Quality)

Facilities Available :

• Multislice CT Scan (32 Slice) • Routine Ultrasound • Transvaginal Ultrasound • X-Ray Including Special • X-Ray with Barium Studies • IVP • Colour Doppler Study • Fetal Well Being scan • ECG • TMT • CT Guided Intervention FNAC • Biopsy HSG • Adult Paediatrics & Fetal ECHO Cardiography • Level II Scan • Holter • PCD Insertion • CT pulmonary Angiography • Biopsy (USG & CT Guided)

Patient name	**Mrs. TWINKLE KUMARI**	**Age/Sex**	**40 Years / Female**
Patient ID	**VS8220614-25-05-06-25**	**Visit no**	**1**
Referred by	**NAVNEET HOSPITAL**	**Visit date**	**06/05/2025**
LMP date	**Unknown User EDD: 23/09/2025[20W]**		

OB - 2/3 Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.
Route: Transabdominal
Single intrauterine gestation

Maternal

Cervix measured 5.30 cm in length.

Right Uterine	0.92	(28%)
Left Uterine	0.86	(20%)
Mean PI	0.89	(24%)

Fetus

Survey

Presentation - Variable
Placenta - Posterior
Liquor - Adequate
Single deepest pocket = 4
Amniotic fluid index = 13.6
Umbilical cord - Two arteries and one vein
Fetal activity present
Cardiac activity present
Fetal heart rate - 148 bpm

Biometry

BPD 46.1 mm 19W 6D (51%ile)	HC 166.3 mm 19W 2D (22%ile)	AC 140.9 mm 19W 3D (33%ile)	FL 31.3 mm 19W 5D (35%ile)	EFW BPD,HC,AC,FL 300 grams (32%ile)
5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%

Long bones	Right (mm)		Left (mm)	
Tibia	27.3, 19W 3D	(20%)	27.3, 19W 3D	(20%)
Fibula	26.5, 18W 6D	(8%)	26.5, 18W 6D	(8%)
Humerus	31.7, 20W 1D	(59%)	31.7, 20W 1D	(59%)

P.T.O.

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Ex SR IGIMS Ex SR PMCH

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Radius	26.4, 19W 6D	(42%)	26.4, 19W 6D	(42%)
Ulna	27, 18W 5D	(10%)	27, 18W 5D	(10%)

TCD : 20.8 mm

Aneuploidy Markers

Nasal Bone : 5.4 mm - Visualized
Nuchal Fold : 3.7 mm - Normal

Fetal Anatomy

Head

Cisterna magna measured 5.9 mm
Midline falx seen.
Both lateral ventricles appeared normal.
Posterior fossa appeared normal.
No identifiable intracranial lesion seen.

Neck

Fetal neck appeared normal.

Spine

Entire spine visualised in longitudinal and transverse axis.
Vertebrae and spinal canal appeared normal

Face

IOD 11.8 mm
BOD 30 mm
Fetal face seen in the coronal and profile views.
Both orbits, nose and mouth appeared normal

Thorax

Both lungs seen.
No evidence of pleural or pericardial effusion.
No evidence of SOL in the thorax.

Heart

Heart appears in the mid position.
Normal cardiac situs. Four chamber view normal.
Outflow tracts appeared normal.

Abdomen

Abdominal situs appeared normal.
Stomach and bowel appeared normal.
Normal bowel pattern appropriate for the gestation seen.
No evidence of ascites.
Abdominal wall intact.

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KUB

Mildly dilated bilatral renal pelvis, measuring 5.8 mm and 6.0 mm on right.

Extremities

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

Both feet appeared normal

Impression

Single live intrauterine gestation of 20 Weeks 0 Days corresponding to size of 19 weeks 6 days, in Variable Presentation, Posterior grade I placenta and showing adequate Liquor (AFI is 13.6 single deep vertical pocket 4.0 cm).

EDD by LMP - 23.09.2025, EDD by USG - 24.09.2025.

Estimated fetal weight according to BPD,HC,AC,FL :- 300 + / - 30 gms.(32 percentile).

Nasal bone visualized measures 5.4 mm, Nuchal fold is normal measures 3.7 mm.

Mildly dilated bilateral renal pelvis, measuring 5.8 mm on left and 6.0 mm on right, Suggesting Bilateral Renal Pyelectasis.

Gastric shadow appears to be mildly prominent, mesauring 18.0 x 9.0 mm. Advise serial monitoring to see for any increase in gastric size.

The genetic sonogram shows Risk of Downs syndrome to be 1 in 92. Advice Invasive testing (Amniocentesis with KT) / NIPT for further evaluation.

Disclaimer:

All the fetal anomalies are not detectable on ultrasound. Especially, anomalies of the ear, eyeball, cleft palate, distal limbs,TE fistula, anorectal malformations etc are very difficult to detect on USG and have low detection rates. Also there are limitations like amount of liquor, obesity, previous scar, fetal position, multiple pregnancies, structures that are not part of routine imaging protocol and advanced gestational age. Hence absence of an anomaly on sonography does not absolutely rule out the possibility of having one.

Atrial septal defects, small ventricular septal defects, patent ductus arteriosus, and mild stenosis of the valve cannot be excluded on an antenatal scan.

Late appearance of few anomalies(esp GIT/CNS) emphasises the need for follow up scans at 26-28 weeks.

Increased risk of genetic diseases like Downs syndrome can only be detected by Screening test (Double and Quadruple markeror NIPT) and can only be confirmed by Karyotype/FISH/Microarray after Amniocentesis/ CVS. In Ultrasound/ level 2 scan, we look for soft markers of Downs syndrome which may be present increasing the detection rate or the scan can be totally normal.

Screening Fetal Heart is done which is normal however For detailed evaluation of foetal heart, a separate fetal echo study is required.

DECLARATION BY THE PATIENT AND THE DOCTOR:

I Dr AISHWERYA SINGH declare that while conducting ultrasonography/image scanning on Mrs TWINKLE KUMARI, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

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2nd trimester screening for Downs
Maternal age risk 1 in 99

Fetus	2nd Trimester Downs Risk Estimate	Markers
A	1 in 92	Mild hydronephrosis

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