



Date	20-May-25
Name	Ashwini Nimbarte 25 yrs/female
Ref.By	Dr Rewati Dhawale MBBS DGO

Obstetric Ultrasound (Anomaly Scan)

LMP - 25-12-2024      GA by LMP - 20 weeks 6 days      EDD by LMP - 01-10-2025

Single live intrauterine fetus with changing unstable lie. Fetal movements are well appreciated.

Fetal cardiac activity is regular with FHR 152 BPM.

Fetal Biometry-

BPD - 48 mm ~ 20 weeks 5 days of gestation.

HC - 186 mm ~ 21 weeks 0 days of gestation.

AC - 153 mm ~ 20 weeks 4 days of gestation.

FL - 33 mm ~ 20 weeks 4 day of gestation.

Tibia - 30 mm ~ 21 weeks 2 days of gestation.

Ulna - 31 mm ~ 21 weeks 5 days of gestation.

HL - 31 mm ~ 20 weeks 4 days of gestation.

**GA by USG (BPD, HC, AC & FL) - 20 Weeks 5 Days**

**EDD by USG - 02-10-2025 (EDD is assigned by LMP)**

**Estimated fetal weight (Hadlock) is 364Gms  $\pm$  53g (31 %ile)**

**Fetal Ratio = FL /BPD - 0.70      FL/AC - 0.22      HC/AC - 1.21 (normal)**

**Placenta** - Placenta is posterior & shows grade I maturity. No subchorionic or retroplacental bleed. Placenta is safely away from internal os.

Amniotic fluid Index -

**12.4 Cms** .Liquor is nearly adequate for gestational age. No echoes in liquor.

The cervical canal length is 31 mm & is adequate. The internal Os is closed.

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**Fetal structures: -**

**Face:** - Orbit - Normal    **Lips** - Normal    No obvious cleft lip seen. Facial profile appears normal. Nasal bone is seen.

**Head & Brain:** - **Calvarium** - Normal. **Ventricular system** - Normal. Lateral ventricle measures 5.4 mm and is normal. **Choroid plexus** - Normal. Cavum septum pellucidum is normal. **Falx** - Midline and normal. **Cerebellum** - Normal (20 mm). **Cisterna magna** (5 mm) appears normal. Thalami-normal. Nuchal thickness is normal for this gestational age.

**Thorax:** - **Chest wall**- Normal    **Lungs** - Normal. No abnormal cystic lesion seen. **Diaphragm** - Outline intact.

**Heart** - Normal 4 chambers seen & normal in position, axis. Outflow tracts appear normal, 3vv, aortic and ductal arches appears normal. Fetus ductus venosus shows normal flow. (Basic screening of fetal heart is done in this scan, dedicated fetal echo not done).

**Abdomen:** - **Stomach Bubble**- Normal    **Urinary bladder** - Normal.

**Fetal both the kidneys** are normally seen **Fetal spine:** - Normal. No obvious spinal bifida. Overlying skin appears intact.

**Umbilical cord:** - Normal 3 vessel cord is seen. Normal fetal anterior abdominal wall insertion.

**Musculoskeletal:**-**Fetal lower limbs** - Bilateral Femur, tibia and fibula are normal. Bilateral feet are normal. **Fetal upper limbs** - Bilateral humerus, radius and ulna are normal. Fetal hands are normal.

No obvious detectable fetal gross structural congenital anomalies for this gestational age in present scan.

Right uterine artery PI is 0.69 & Left uterine artery PI is 0.68 . Mean uterine artery PI is 0.68(3%ile) which is normal for this gestational age.

**Impression:** -

**Single, live intrauterine fetus of average gestational age by usg is 20 wks 5 days.**

**No obvious demonstrable fetal gross structural congenital anomaly for this gestational age in present study.**

Kindly follow-up USG at 24-25 wks for fetal evolving anomalies, growth scan. Kindly evaluate further with fetal echo.

Thanks for reference with regards.

(Patients identity is based on her own declaration. The investigation has been done as per request of referring Doctor. Please note that usg has its own limitations & not all the congenital anomalies are detected solely on sonography. Some anomalies evolve as the gestational age advances. Detection rate depends upon the gestational age, lie, position, amount of liquor & fetal presentation at the time of sonography, tissue generation of the sound waves, machine resolution& maternal obesity(small vsd and APVD can not be detected on this scan). Fingers are seen not possible to count due to fetal position. Basic evaluation of heart is done in this examination. **Dedicated Fetal echo is advised for cardiac structure & anomalies at 22-24 wks.** External ear, Minor limbs, musculoskeletal& fetal face abnormalities can be missed on USG. Patient should seek a second opinion & 3 d scan whenever and where ever desired. Ultrasound reports are subjected to interobserver variations. This report is not meant for medico-legal purpose.)

I Dr Raksha Wankhade had not disclosed fetal sex to Mrs Ashwini Nimbarde or anybody in any manner while conducting USG.

**Dr. Raksha Wankhade (Chaudhari)**

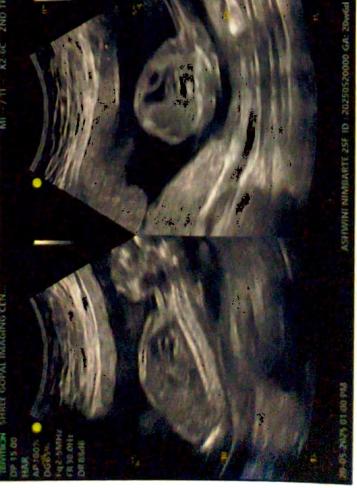
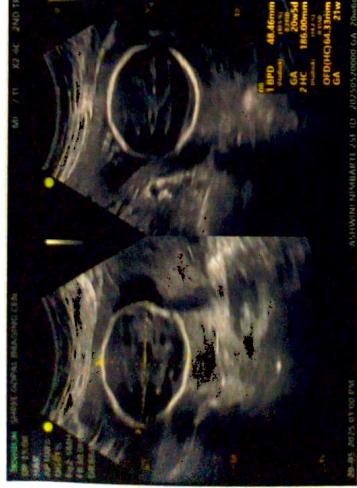
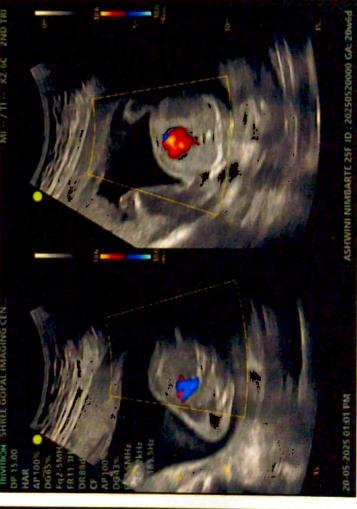
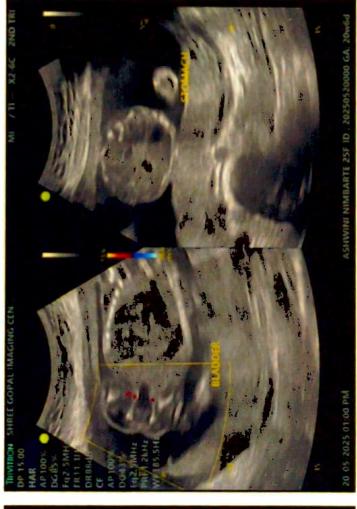
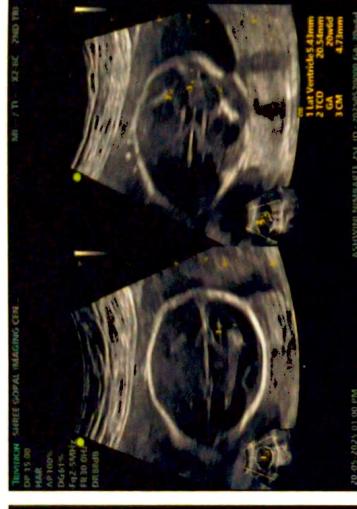
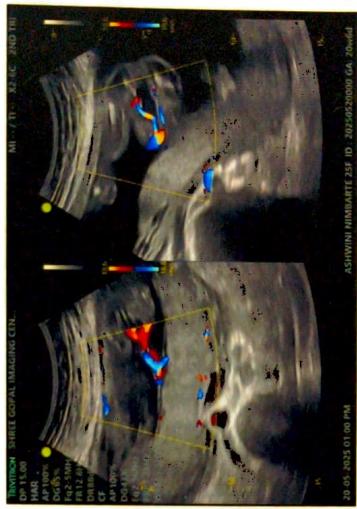
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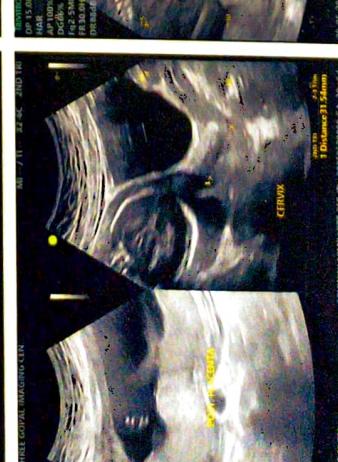
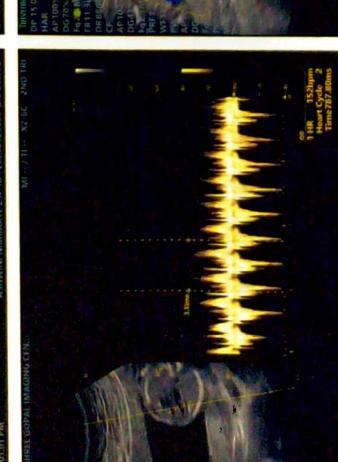
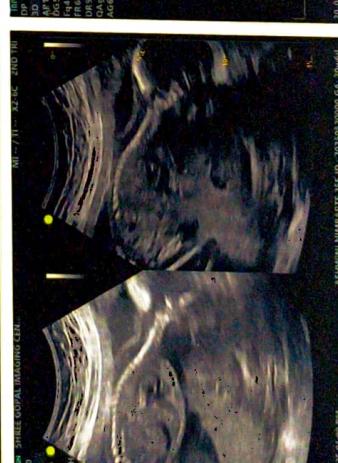
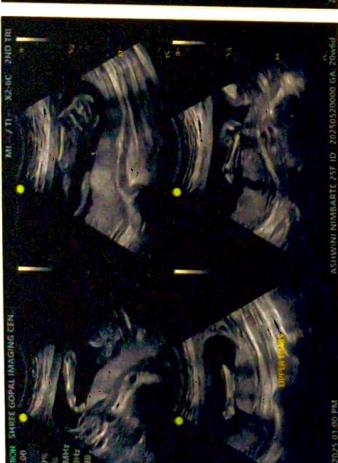
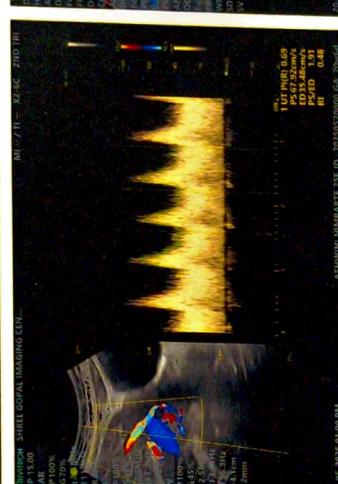
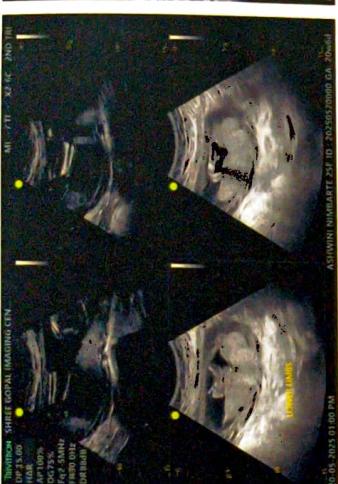
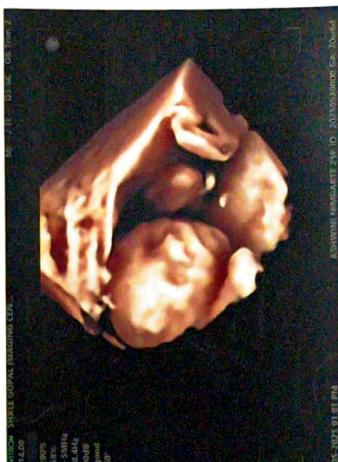
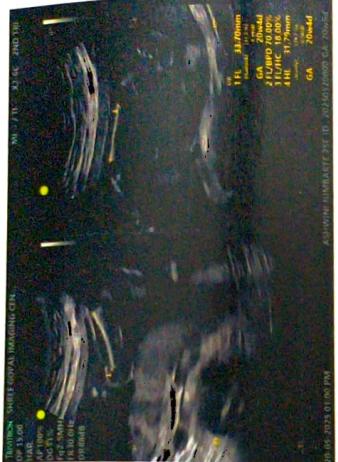
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# Shree Gopal Imaging Centre

20 May 2025

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