WDC
WARORA DIAGNOSTIC CENTER
वरोरा डायग्नोस्टीक सेंटर

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ADVANCED CT SCAN | SONOGRAPHY | COLOR DOPPLER | DIGITAL X-RAY

Patient Name	:	Mrs. Ayesha Rizvan Khan	Age/Sex	:	31 Y/ Female
Ref. By	:	Dr. Leena Zade Madam	Date	:	27-May-25

USG REPORT - ANTENATAL TARGETED ANOMALY SCAN

Status		Data	
FETUS	Single live	LMP	15-Dec-24
PRESENTATION	Variable	GESTATIONAL AGE BY LMP	23 weeks 2 days
LIE	Dynamic	GESTATIONAL AGE BY USG	22 weeks 0 days
PLACENTA	Posterior, Grade- I maturity.	EDD/LMP	21-Sep-25
	Not low lying	EDD/USG	30-Sep-25
LIQUOR	AFI- 12.02 cm/Adequate	APPROXIMATE FETAL WEIGHT	492 g ± 76 gms
	DVP: 3.9 cm	FHR	144 (H.B.)/min
CERVICAL LENGTH	4.9 cm, IOS closed		

FETAL MEASUREMENTS:

	Measurement	GA
Biparietal Diameter	5.29 cm	22 weeks 0 days
Head Circumference	19.46 cm	21 weeks 5 days
Abdominal Circumference	17.43 cm	22 weeks 3 days
Femur Length	3.77 cm	22 weeks 0 days

Tibia Length	3.42 cm	22 weeks 5 days
Fibula Length	3.40 cm	21 weeks 6 days
Humerus Length	3.67 cm	22 weeks 4 days
Radius Length	3.23 cm	23 weeks 3 days
Ulna Length	3.48 cm	23 weeks 3 days

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Extended Biometry	
Nuchal fold thickness	0.41 cm
Transcerebellar diameter TCD	2.19 cm
Cisterna magna	0.54 cm
Atria of lateral ventricle	0.52 cm
Renal length	2.41 cm
Foot length	3.98 cm
Interoccular distance normal	
Binacular distance normal.	

Fetal Anatomy

CNS

Midline falx seen. No deviation of midline structures seen.

Cavum septum pellucidum seen. Both lateral ventricles appear normal.

Cerebellum appears normal. Cisterna magna width appears normal.

NECK:

Fetal neck appears normal. No obvious cystic or solid mass lesion seen.

SPINE:

Entire spine visualized in longitudinal and transverse axis.

Vertebrae and spinal canal appear normal.

No evidence of significant open neural tube defect.

FACE:

Fetal face seen in the coronal and profile views.

Both orbits and mouth appear normal. Interorbital distance is normal.

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Premaxillary triangle is seen. Maxilla & mandible arch appear normal.

Nasal bone ossified (0.65 cm).

THORAX:

Cardiac situs, size and axis are normal.

Four chamber cardiac view and three vessel views appear normal. Cardiac crus seen. Foramen ovale visualized. Outflow tracts appear normal. There is no evidence of echogenic cardiac focus.

Both lungs seen. No evidence of pleural or pericardial effusion.

Diaphragm is normal.

ABDOMEN:

Stomach bubble visualized. Bowel appears normal. No evidence of ascites. Abdominal wall is intact.

Cord insertion is normal. Three vessel cord is seen.

No obvious dilated bowel loops seen.

KUB:

Both kidneys and urinary bladder appear normal.
Fetal both kidneys shows pelviectasis. Right renal pelvis measuring 7.7 mm and left renal pelvis measuring 6.5 mm in AP dimension.

EXTREMITIES:

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

Both feet appear normal. No evidence of CTEV. The small bones of hands and feet not evaluated.
Single loop of cord around the neck in present scan.

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.	**YES**
Echogenic Bowel	NO
Echogenic cardiac focus	NO
ARSA	NO

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MATERNAL UTERINE ARTERY DOPPLER SCREENING

UTERINE ARTERY	PI	MEAN PI	RI	SD RATIO
Right side	1.10	1.01	0.63	2.72
Left side	0.91	58 percentile, normal for gestation.	0.56	2.29

IMPRESSION:

- **SINGLE LIVE VIABLE INTRAUTERINE FETUS CORRESPONDING TO 22 WEEKS 0 DAYS ± 10 DAYS.**
- **BILATERAL PELVIECTASIS, IN ISOLATION CARRIES FAVORABLE PROGNOSIS. URINARY BLADDER & AMNIOTIC FLUID APPEARS WITHIN NORMAL LIMIT.**

  SUGGESTED – FOLLOW UP.
- **ADEQUATE LIQUOR STATUS.**
- **SINGLE LOOP OF CORD AROUND THE NECK IN PRESENT SCAN.**
- **NORMAL BILATERAL MATERNAL UTERINE ARTERY DOPPLER SCREENING.**
- **NO MAJOR STRUCTURAL ANATOMICAL DEFECTS.**

Suggest interval growth scan.

Madhura

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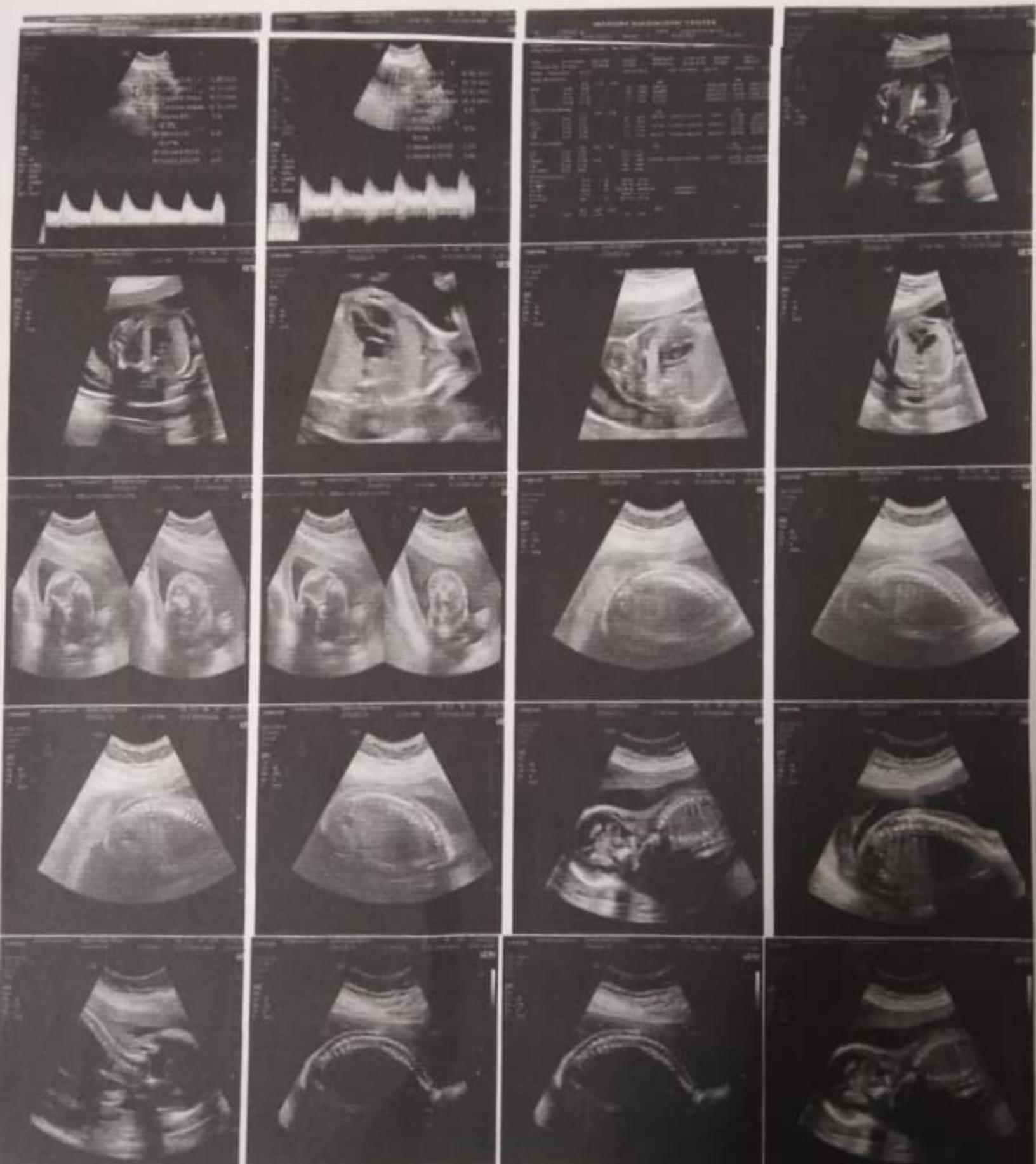
Note: Not all fetal anomalies can be diagnosed on ultrasonography. Subtle cardiac, ear, cosmetic limb appearance (E.g: Polydactyly and Syndactyly), GI Fistula anomalies, cataracts, umbilical cord knots, small dermal dermal sinus, tongue anomalies, occult spina bifida, isolated cleft palate, 20 % of cardiac anomalies may not be detected by USG. Some anomalies appear only in later gestation. Serial scans are necessary. Fetal echo not included in study.

I Dr. Madhura Bayaskar declare that while conducting ultrasonography of Mrs. Ayesha Rizvan Khan, I have neither detected nor disclosed sex of her fetus to anybody by any manner.

Note – For referring Doctors any report related query & information please contact (9370437188).

Disclaimer:-This report is not valid for medicolegal purpose. It is only for diagnosis & management of disease condition. In case of typographic error kindly communicate within 24 hour. Thanks for referral.

Warora Diagnostic Center



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