

FINITY IMAGING & AGNOSTIC CENTRE



Ultrasonography / Colour Doppler / X-Ray

Dr. Rohit Kandalkar
 M.B.B.S., D.M.R.E. (Mum)
 Fetal Medicine Foundation (London)
 Certified Sonologist - 168675
 Radiologist & Sonologist
 Fellowship in Obstetrics & Gynaecology
 Ultrasound, Mediscan System, Chennai

Name	: MRS. GAURI VINOD NIKAM	Age/Sex	: 20 YEARS/F
Ref By	: Dr. SHIVAJIRAO KHABALE SIR	Date	: 14 May 2025

OB - 2/3 TRIMESTER SCAN REPORT

INDICATION(S)

TARGET SCAN

Real Time B - mode ultrasonography of gravid uterus done.

Route: Trans abdominal.

Single intrauterine gestation.

Maternal: Cervix measured 3.1 cm in length.

FETUS -

Survey

- Placenta - Anterior.
- Liquor - Normal
- Presentation - Variable
- Lie - Variable
- Single Deepest Pocket = 4.1 cm and 14.93 cm.
- Umbilical Cord - Two Arteries And One Vein.
- Fetal Activity Present.
- Cardiac Activity Present
- Fetal Heart Rate - 150bpm

Fetal Biometry -

LMP: 06 Jan 2025

EDD BY LMP - 13 Oct 2025

EDD BY USG - 11 Oct 2025

BPD	:	4.31 cm	:	19w0d
HC	:	15.66 cm	:	18w4d
AC	:	12.71 cm	:	18w2d
FL	:	2.76 cm	:	18w3d

Foot Length: - 30 mm

TCD - 19 mm

INFINITY IMAGING & GHOSTIC CENTRE

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ISO 9001:2015 (QMS)

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Markers of Aneuploidy -

- Increased nuchal fold thickness - No.
- Fetal Ventriculomegaly - No.
- Echogenic Intracardiac Focus - No.
- Choroid Plexus cyst - No.
- Echogenic Bowel Loops - No.
- Shortened Fetal Long Bones - No.

Impression:

- Single live gestation corresponding to gestational age of 18 weeks 4 days.
- Placenta - Anterior.
- Presentation - Variable
- No Loop of cord seen around neck at present scan.
- Liquor - Normal
- Estimated fetal weight according to BPD, HC, AC, FL : 238 +/- 35 g.

Suggested repeat scan after 8 weeks to assess the interval growth / Dedicated fetal 2D Echo is not included in this scan.

- All congenital anomalies/malformations are not be detected on USG. (RCNA, JAN. 1990, VOL. 28)
- Fetal survey is limited by fetal position, movements, quantity of amniotic fluid & thickness of maternal anterior abdominal wall. Some anomalies are evident at later stages of pregnancy, for which follow-up is suggested. ही सोनोग्राफी हृदयदोषांसाठी केलेली नाही. सोनोग्राफीमध्ये अन्ननलिका श्वासनलिका जोडलेली असणे, संडासाची जागा बंद असणे, रक्तवाहिनी अरुंद असणे, या गोष्टी दिसतीलच असे नव्हे. त्या बाळाचा वाढीबरोबर केव्हाही उष्टदमत्रू शकतात.
- I Dr. Rohit V Kandalkar declare that while conducting ultrasonography/image scanning of this patient MRS. GAURI VINOD NIKAM, I have neither detected nor disclosed the sex of fetus to anybody in any manner.

MANY THANKS FOR REFERRAL

DR. ROHIT KANDALKAR
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MMC No. 2012/08/2577


SIGN OF PATIENT

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