



SHANYA SCANS & THERANOSTICS

Diagnostics | Interventions | Therapies
(A venture of Shanya Global Scanning & Research Private Limited)

Biggest Diagnostics & Theranostics
Center in Uttar Pradesh

SAMPLE
COLLECTION
WITHIN **60** Minute
Guarantee
7233000134

24x7
Emergency Services &
Ambulance Facility Available

**Complete Diagnostics
Service Available (24x7)**

NAME: Shruti Mishra AGE/SEX: 29 F
DATE: 5/6/20 UHID: _____
INVESTIGATION: USG

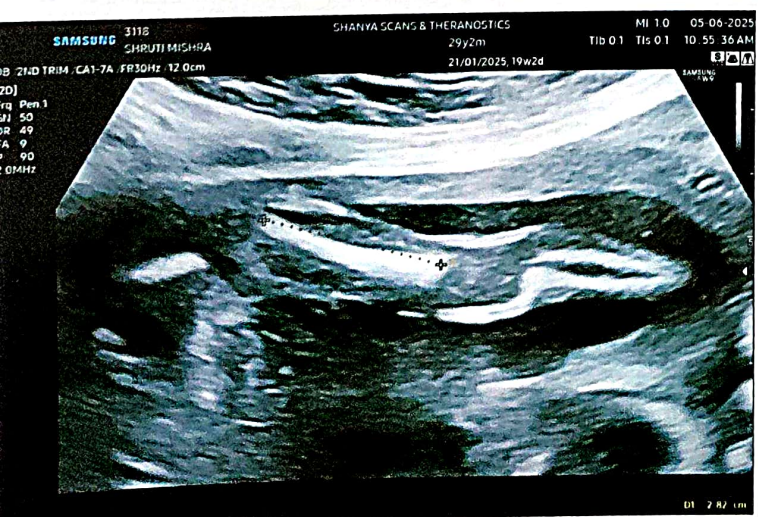


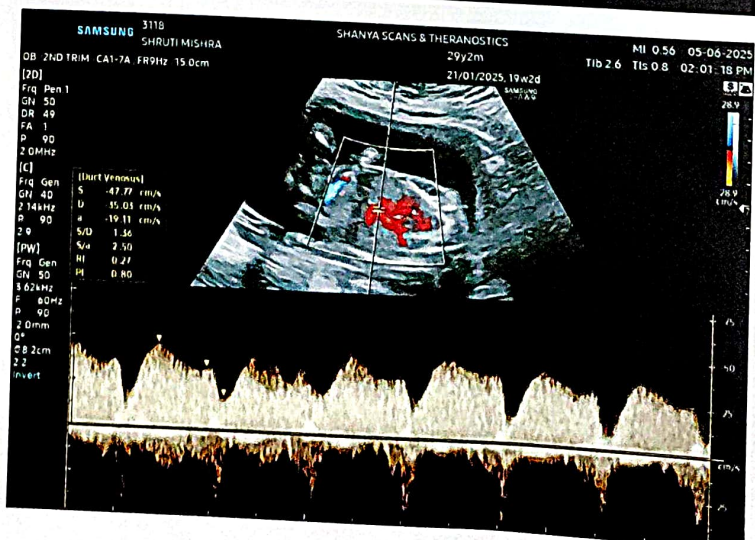
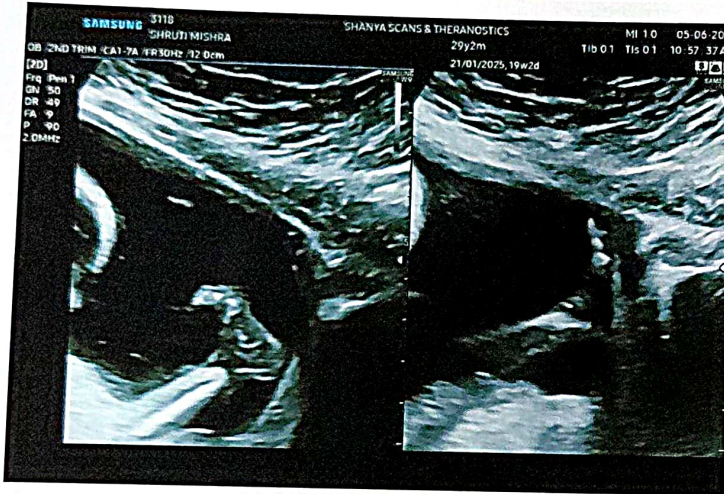
आयुष्मान भारत योजना के अंतर्गत
जांच एवं थेरेपी की सुविधा उपलब्ध
TPA के अंतर्गत जांच एवं थेरेपी सुविधा उपलब्ध

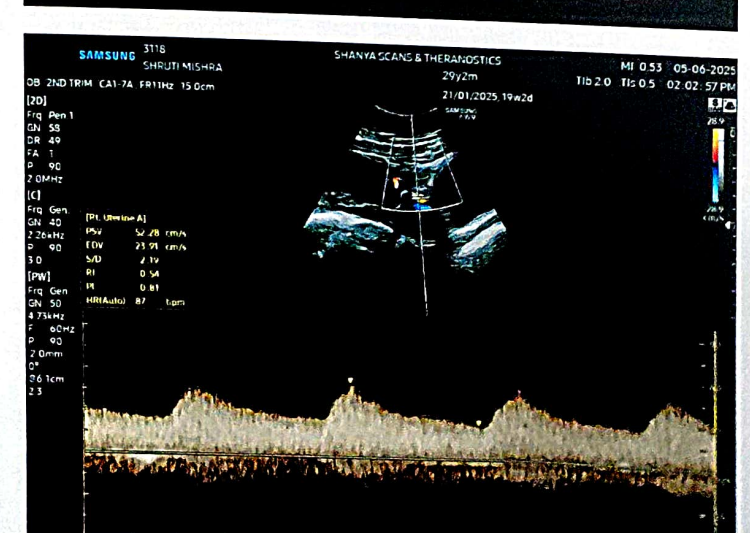
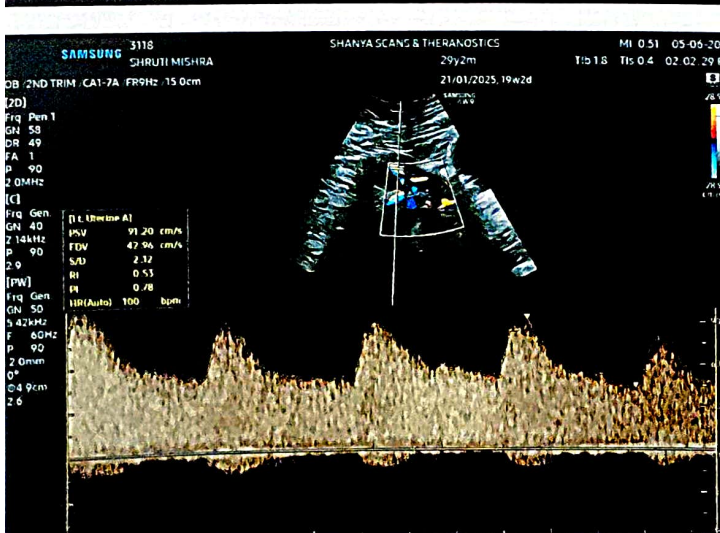
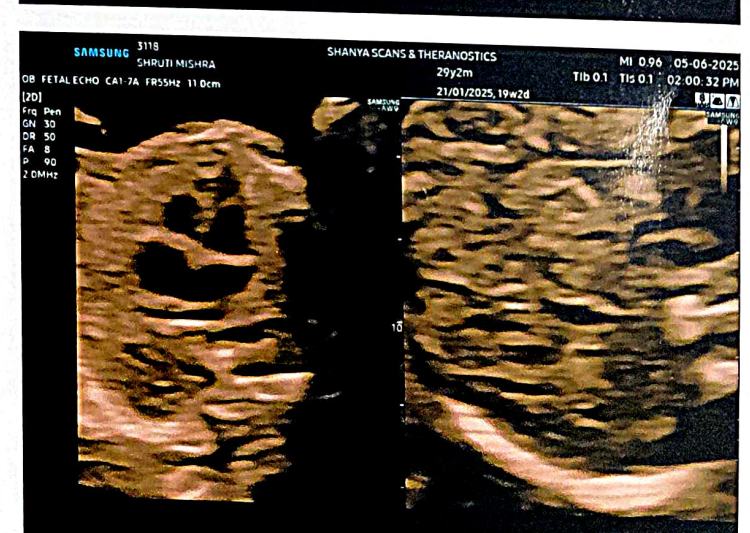
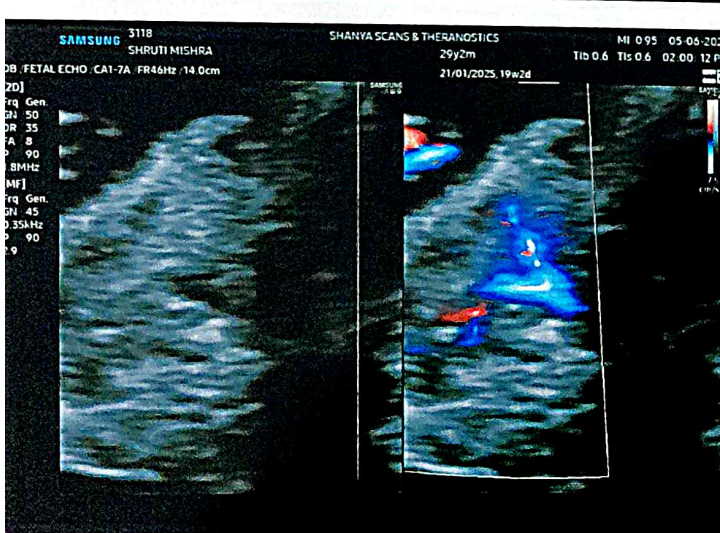
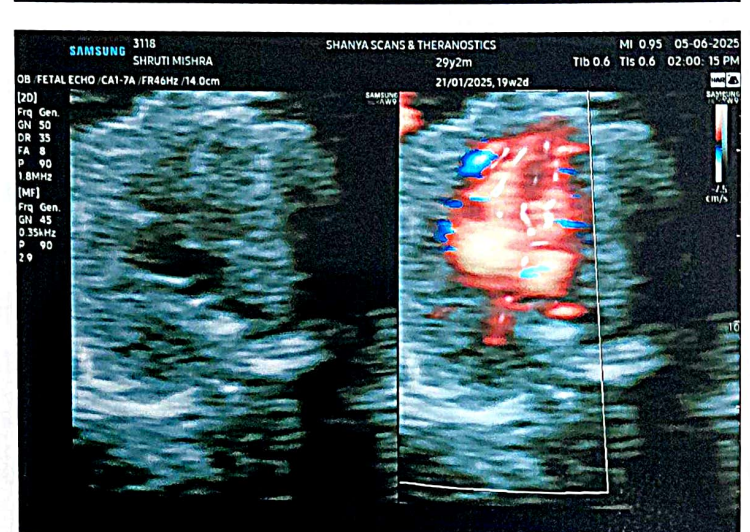
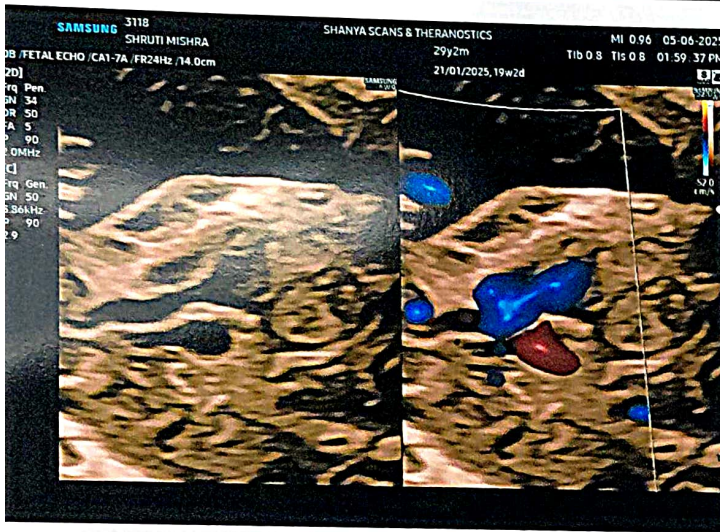
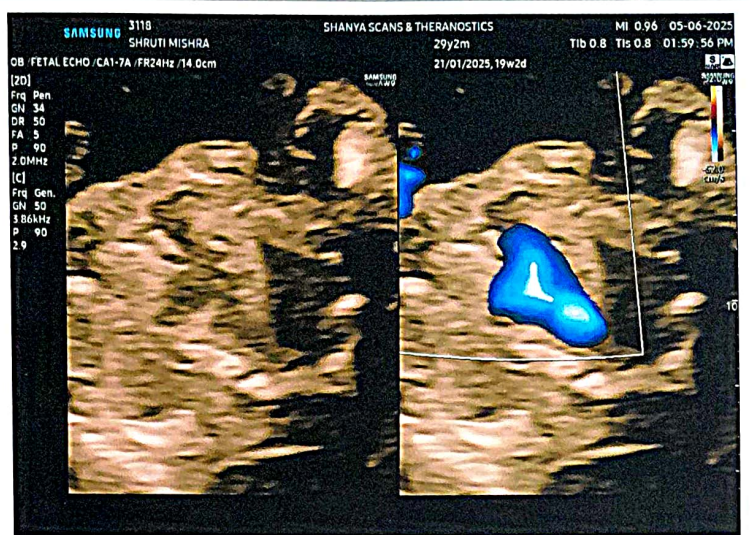
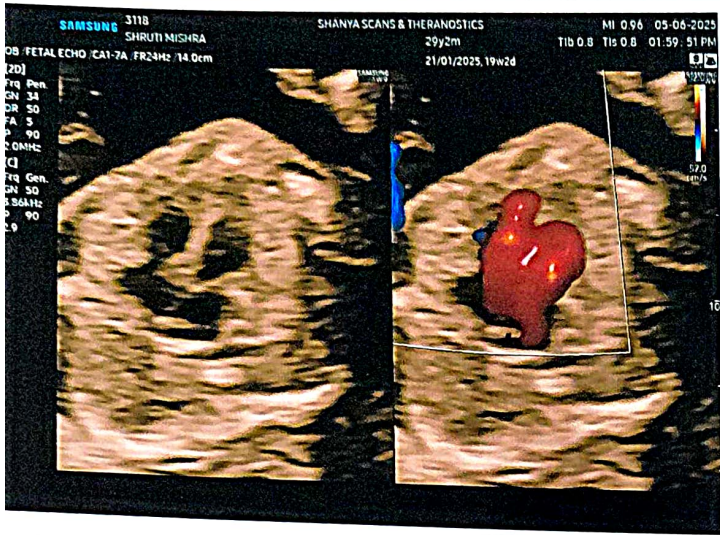
प्लॉट नंबर TC-49-V-VIII लोहिया अस्पताल
आधार बिल्डिंग के सामने, पॉलिटेक्निक चौराहा,
पेट्रोल पंप के पीछे, विभूति खंड, गोमती नगर, लखनऊ

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SHANYA SCANS & THERANOSTICS

CIN NO.: U85100UP2020PTC128218

Diagnostics | Interventions | Therapies

BIGGEST DIAGNOSTICS & THERANOSTICS CENTER IN UTTAR PRADESH

Anomaly Scan

Shruti Mishra

Date of birth:

14 March 1996

Referring doctor:

Dr. Madhulika Pandey

Patient Id:

3118

Hospital Id:

2512350

SCAN ON 05 June 2025

last period 21 January 2025 - Cycle: regular - LMP sure

Conception: spontaneous

	Gestational age	EDD
last period	19 weeks + 2 day(s)	28 October 2025

Obstetric History Gravida: 2. Para: 1. Living children: >= 37W - 1; 7 years old boy;

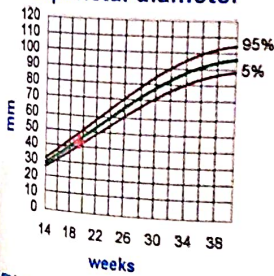
Indication

Routine, Anomaly Scan

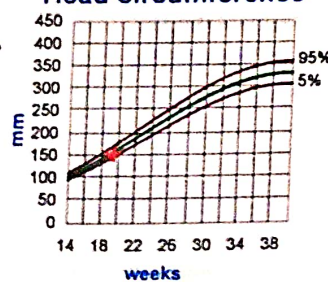
USS FINDINGS Number of fetuses: 1
transabdominal scan, View: good.

Examination Date	BPD	HC	FL	AC	EFW-Hadlock (BPD-HC-AC-FL)
05 June 2025	43.9 mm	154.4 mm	28.0 mm	141.4 mm	269 g
	18 w + 6 d	18 w + 5 d	18 w + 6 d	19 w + 5 d	18 w + 6 d

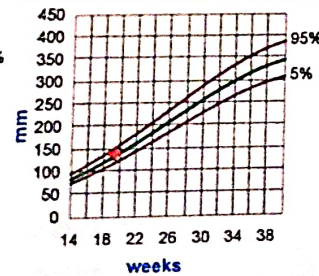
Biparietal diameter



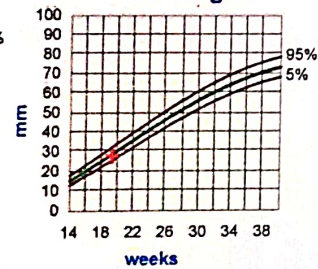
Head circumference



Abdominal circumference



Femur length



Biometry / Anatomy

BPD 43.9 mm	
OFD 54.4 mm	
HC 154.4 mm	
CM 4.7 mm	
TCD 19.7 mm	
Ventricular atrium 5.1 mm	
TAD 45.5 mm	

Page 1 of 3 printed on 05 June 2025. Mishra Shruti (3118) examined on 05 June 2025.

Reporting on **astraira software**

• Digital PET-CT • GAMMA Camera • Theranostics • Radiodiagnosis • Pathology Services • Fetal Medicine • Fetal Echo • Interventions • Cardiac Imaging • Neuro Imaging • Dental Imaging



Plot No. TC-49, V-VIII, Opp. Lohia Hospital Aadhar Building, Vibhuti Khand, Gomti Nagar, Lucknow
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	APAD 44.5 mm	
	AC 141.4 mm	
	Humerus 30.7 mm	
	FL 28.0 mm	
	BPD / OFD 0.81	
	HC/AC 1.09	
	BPD / FL 1.57	
Estimated fetal weight	Hadlock (BPD-HC-AC-FL)	
	269 g	
	9 oz	
	Centile 29.6	
Fetal heart activity	visualised	
Fetal movements	normal	
Fetal heart rate	153 bpm	
Presentation	cephalic	
Placenta site	posterior, Placenta grade Grannum 0	
Amniotic fluid	normal	
Cord	3 vessels	
	normal skull shape	
	hemispheres, ventricles mid-brain and posterior fossa appear normal	
Vp left	5.0 mm	
	no facial cleft and the eyes, nose and mandible appear normal	
Left ear	13.0 mm	
Right ear	13.0 mm	
Nasal bone	5.3 mm	
Prenasal thickness	2.7 mm	
	no spina bifida or kyphoscoliosis	
	no skin oedema or cystic hygroma	
Nuchal fold thickness	4.3 mm	
	thorax and lungs appear normal	
	normal 4-chamber view	
	normal outflow tracts	
	normal 3-vessel view	
	normal 3-vessel trachea view	
	normal situs/laterality	
	no abdominal wall defect	
	stomach and GIT appear normal	
	kidneys and bladder appear normal	
L.Pelvis A-P	1.4 mm	
R.Pelvis A-P	1.2 mm	
	hands, feet, arms, legs and joints appear normal	

Head
Brain

Face

Spine
Neck/SkinThorax
HeartAbdominal Wall
GIT
Urinary tract

Extremities



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Doppler ultrasound

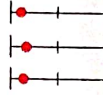
Uterine artery

PI left 0.780

PI right 0.810

Mean PI 0.795

Notch no notch



Ductus Venosus

A-wave positive

PIV 0.80

Cervical assessment

Cervix length 30.0 mm

Funnelling no

Diagnosis

No obvious fetal defects

Normal uterine artery Doppler and cervical length

Comments

Fetal growth and amniotic fluid are normal.

There are no obvious structural defects or significant markers for chromosomal abnormalities. Fetal cardiac scan showed a normally connected heart with no obvious defects and normal flow patterns.

The uterine artery Doppler and cervical length are normal. The placenta is on the posterior wall of the uterus and the lower edge is 42 mm away from the internal os.

As the mother has not had any first trimester screening for chromosomal abnormalities, the mother has the option of Quadruple test for risk assessment.

The definitive test to ascertain the fetal chromosomes at this stage is an invasive test (amniocentesis), which carries procedure related risk of miscarriage of about 1 in 300.

Please note:

1. All anomalies cannot be ruled out on ultrasound due to technical limitations, maternal factors like amount of liquor, maternal habitus, previous scar, advanced gestational age etc. and fetal conditions like multiple pregnancies, fetal positions, late appearance of few anomalies etc.

2. Absence of anomaly on ultrasound scan does not absolutely rule out the possibility of having one.

3. For detailed evaluation of fetal heart, advanced fetal echocardiography study is required.

4. All chromosomal abnormalities can not be identified on the ultrasound. The definitive test to ascertain the fetal chromosomes at this stage is an invasive test, which carries procedure related risk of miscarriage of about 1 in 300.

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

Dr. Aditi Agarwal,
MD, DNB,
Fellowship in Fetal Medicine

Dr. ADITI AGARWAL

MBBS, MD, DNB (Obs & Gynae)

Fellowship in Fetal Medicine (DFMC)

Consultant in Fetal Medicine

UPMC 87152

Page 3 of 3 printed on 05 June 2025. Mishra Shruti (3118) examined on 05 June 2025.

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