JAIN DIAGNOSTICS

PNDT REG. NO.: MP/CPNDT/JBP/18/153

MULTI SLICE CT SCAN, CBCT, DIGITAL X-RAY, OPG, MAMMOGRAPHY
ECHO, SONOGRAPHY, COLOUR DOPPLER, EEG & PATHOLOGY CENTRE

JAIN X-RAY Opposite Chanchala Bai College, Wright Town, Jabalpur (M.P.)

Ph.: 0761-4030028 (Cl.), Mob.: 9424626217, 8458888646, E-mail : dr_siddharth2002@yahoo.com, Website : jaindiagnostics.in

Timing : Morning 10.00 to 3.00 PM, Evening 4.00 to 9.00 PM, रविवार शाम अवकाश

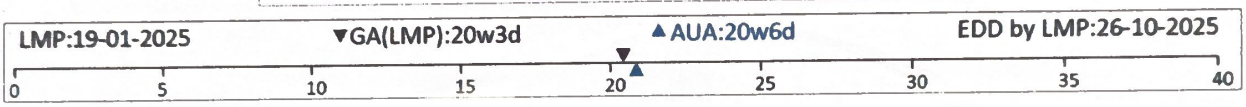
DR. S.K. JAIN
BSC, MBBS, MD. (Consultant Radiologist & Sonologist)
Reg. No.: 4672

DR. SIDDHARTH JAIN
MBBS, DMRE (Consultant Radiologist & Sonologist)
Reg. No.: 10218

Patient Name: **MRS SONAM SHIVHARE**	Date: **11/06/2025**
Patient Id: **03** Ref Phy: **DR (MRS) RASHMI KURARIYA MBBBS DGO**	Age/Sex: **30 Years / FEMALE**

ANOMALY SCAN

		BP	MAP
Height : 163 cm			
Weight : 65.1 kg	Systolic	119	91.67
BMI : 24.5	Diastolic	78	mmHG



Dating	LMP	GA		EDD
		Weeks	Days	
By LMP	LMP: 19/01/2025	20	3	26/10/2025
By USG		20	6	23/10/2025
AGREED DATING IS (BASED ON LMP)				

There is a single gestation sac in uterus with a single fetus within it in **variable** position.
The fetal cardiac activities and body movements are well seen.
Placenta is **anterior** in position and grade I in maturity.
Amniotic Fluid: Adequate MVP -37.4 mm.
Internal os is closed and length of cervix is normal. **Cervix measures 46.6 mm.**
No congenital anomaly is detected at this stage. (Please see foot note.)

Fetal growth parameters	mm	Weeks	Days	Percentile
Biparietal Diameter	48.6	20	5	60.6%
Head circumference	180.7	20	3	44.1%
Transverse Cerebellar Distance	21.0	20	0	53.3%
Nasal Bone Length	6.7			96.9%
Abdominal Circumference	155.0	20	5	52.3%
Humerus Length	32.3	20	6	66.2%
Radial Length	30.2	21	4	69%
Ulnar Length	28.8	20	5	42.8%
Femoral Length	34.7	20	6	59.7%
Tibial Length	31.4	21	4	86.9%
Fibula Length	30.7	20	6	62.3%

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P.T.O

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Thanks for reference

Not valid for medico legal purpose

Inner Orbital Distance	13.2	22	1	61%
Outer Orbital Distance	32.6	20	6	34%
Fetal Weight	375 Grams + 55 Grams.			62.2%
Heart Rate	157 Beats Per Minute.			
FL/AC = 22.39%				HC/AC = 1.17
FL/BPD = 71.42%				BPD/OFD = 76.91%

Sr. No.	2nd Trimester Aneuploidy Markers	
1	Intracardiac Echogenic Focus	Absent
2	Ventriculomegaly	Absent
3	Increased Nuchal Fold	Absent
4	Echogenic Bowel	Absent
5	Mild Hydronephrosis	Absent
6	Short Humerus	Absent
7	Short Femur	Absent
8	Aberrant Right Subclavian Artery	Absent
9	Absent or Hypoplastic Nasal Bone	Normal size
	Apriori Risk (From Maternal Age):	**1 in 626**
	LR Ratio:	**0.13**
	Trisomy21 Risk:	**1 in 4810**

Vessels	S/D	RI	PI	PI Percentile	Remarks
Right Uterine Artery	1.39	0.28	0.34	0.03%	Within Normal Limit
Left Uterine Artery	2.04	0.51	0.72	4.6%	Within Normal Limit
Uterine Arteries Mean PI =			0.53	1%	Normal
Umbilical Vein	**	**	**		Non-pulsatile waveform (normal) Umbilical Vein

HEAD

Midline falx seen.
Both lateral ventricles appear normal **6.9 mm**
The cerebellum and cisterna magna **6.1 mm** are normal.
No intracranial calcification is identified.

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SPINE

Entire spine visualized in longitudinal and transverse axis.
Vertebrae and spinal canal appear normal.
No evidence of neural tube defect is noted.

NECK

No cystic lesion seen around the neck.
The Nuchal fold thickness measures **3.8 mm**.

FACE

Fetal face seen in the coronal and profile view.
Both Orbits, nose and mouth appeared normal.

THORAX

Heart appears in the mid position.
Normal cardiac situs. Outflow tracks appears normal.
Both lung seen.
No evidence of pleural or pericardial effusion.
No evidence of SOL in the thorax.
Detailed Fetal Echocardiography is suggested at appropriate time .

ABDOMEN

Abdominal situs appeared normal.
Stomach bubble seen.
Normal bowel pattern appropriate for the gestation seen.
No evidence of ascites.
Abdominal wall intact.
Fetal both kidneys appeared normal.
Fetal urinary bladder appeared normal

LIMBS

All fetal long bones visualized and appear normal for the period of gestation.
Both hands and feet appeared grossly normal.

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Preeclampsia risk From (fetalmedicine.org UK)	
History only	History plus MAP, UTPI
< 32 weeks: 1 in 1111	< 32 weeks: 1 in 10000
< 36 weeks: 1 in 172	< 36 weeks: 1 in 10000

Recommendation

The risk of preeclampsia was assessed by a combination of maternal characteristics and medical history with measurements of blood pressure and blood flow to the uterus.

On the basis of this assessment the patient is **unlikely** to develop PE before 36 weeks. However, it is recommended that the risk for term-PE is assessed at 36 weeks.

CONCLUSION:

- **SINGLE LIVE INTRAUTERINE FOETUS OF 20 WEEKS 6 DAYS .**
- **NO FETAL STRUCTURAL ANOMALY IS DETECTED AT THIS STAGE.**

Please note that all anomalies can not be detected all the times due to various technical and circumstantial reasons like gestation period, fetal position, quantity of liquor etc. The present study can not completely confirm presence or absence of any or all the congenital anomalies in the fetus which may be detected on post natal period. Growth parameters mentioned herein are based on International Data and may vary from Indian standards. Date of delivery (at 40 weeks) is calculated as per the present sonographic growth of fetus and may not correspond with period of gestation by L.M.P. or by actual date of delivery. As with any other diagnostic modality, the present study should be correlated with clinical features for proper management. Except in cases of Fetal Demise or Missed Abortion, sonography at 20-22 weeks should always be advised for better fetal evaluation and also for base line study for future reference.

I, DR.SIDDHARTH JAIN. declare that while conducting sonography on SONAM SHIVHARE (name of pregnant woman), I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

DR.SIDDHARTH JAIN.
MBBS. DMRE.BCFRG.ACFRG.
CONSULTANT RADIOLOGIST & SONOLOGIST
IOTA CERTIFIED FOR WOMEN IMAGING
CERTIFIED FELLOW FETAL MEDICINE SCHOLAR MD INDIA.
FETAL MEDICINE FOUNDATION (LONDON, UNITED KINGDOM) CERTIFIED.
FMF ID: 227306

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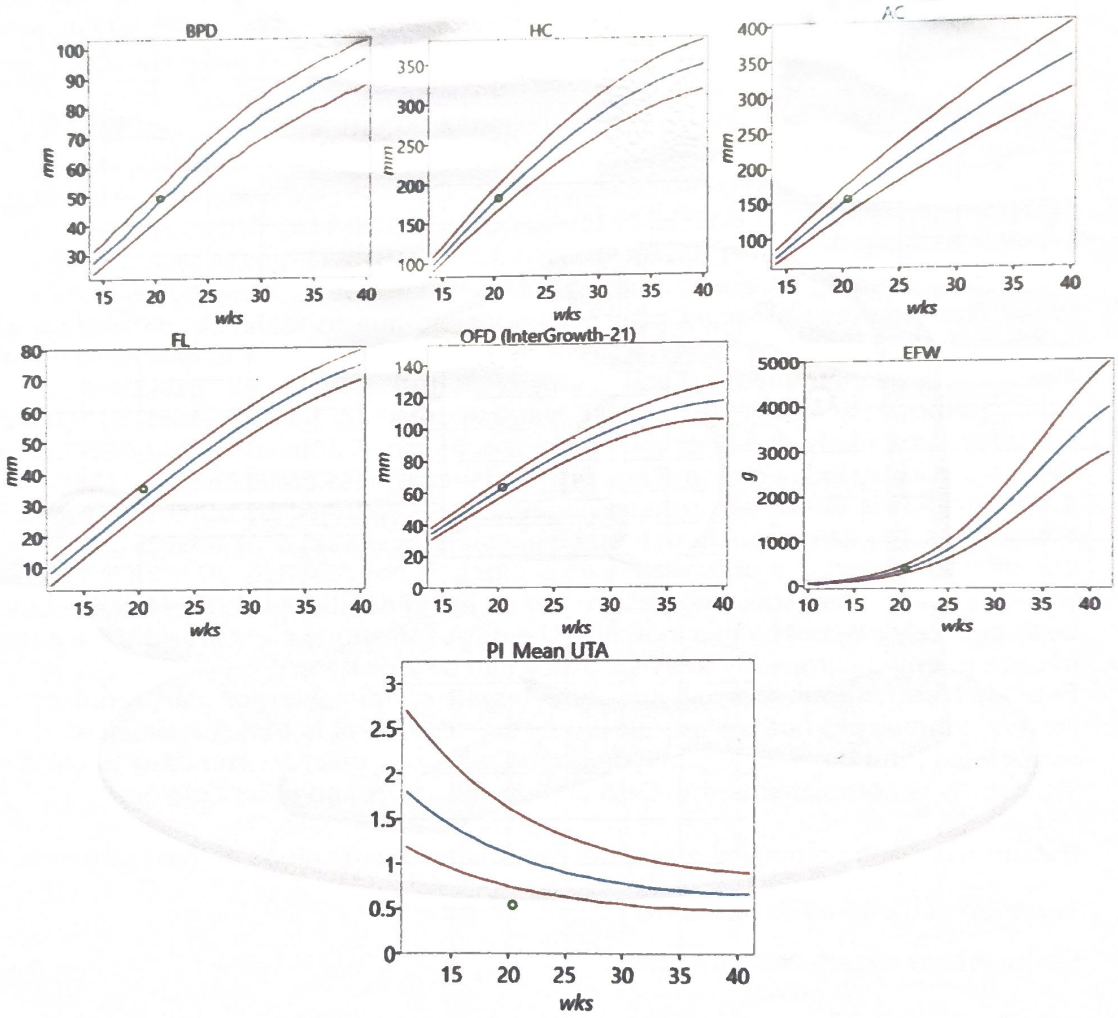

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All investigations have their own limitations. Report above is an opinion only and not the final diagnosis. This opinion is to be co-related with clinical profile and other relevant investigations. Patient's identity is not verified, hence not valid for medico-legal purpose.

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ADVISED- CLINICAL CORRELATION / SECOND OPNION FOR CONFIRMATION OF ABOVE FINDINGS/ 4D SCAN / FOLLOW UP STUDY / CHROMOSOMAL MARKER STUDY / NIPT FOR CONFIRMATION OF ABOVE FINDINGS / REGULAR INTERVAL STUDIES FOR ASSESSING GROWTH OF LONG BONES / FETAL ECHO CARDIOGRAPHY FOR CARDIAC STATUS EVALUATION.

NORMAL ANOMALY SCAN DOES NOT COMPLETELY RULE OUT ALL ANOMALIES. FETUS IS A GROWING STRUCTURE WITH CHANGING STATUS , SO INTERVAL SCANNING WITH OTHER MODALITIES ARE NEEDED FOR CONTINUOUS EVALUATION .MANY ANOMALIES LIKE SOFT PALATE DEFFECT, TOF ARE POORLY DETECTED BY ULTRASOUND OR OTHER MODALITIES.THEREFORE A NORMAL ANOMALY SCAN STILL HAVE A RISK OF 2-3 ANOMALOUS FETUS PER 1000 SCANS.

Limitations of study- all congenital anomalies can not be detected by USG. Detail fetal anatomy at times may not be visible due to technical difficulties, either because of fetal position / amniotic fluid volume or may be due to fetal movement and abdomen wall thickness. Fetal cardiac status should be assessed by fetal echocardiography and maxillofacial features need to be evaluated by 4D scans. Therefore this study does not guarantee that all detail anomalies may necessarily be detected in every examination. Sometimes adenexal mass could be missed in advanced pregnancy. This could be further evaluated and confirmed by other modalities. This study does not tell about functional / physiological status of fetal organs. Precise comment on the status of breech in lip & palate is not possible. 4D scan is worthwhile in this regard. Extremities angulation with status of number of fingers & toes could not be completely rule out by this modality. Despite of all efforts clerical errors are possible. In case of any discrepancy a review study can be asked for.

Fetus is a continuous growing structure. Inspite of normal target scan, regular interval studies are needed as advised by the consultant to detect anomalies, associated long bone /metabolic disorder / muscular disorder and other anomalies. This study is complimentary to DNA testing ,4D scans and other opinions.

Patient has been counseled about the capabilities & limitations of this examinations.

I HAVE NOT DETECTED OR DISCLOSED THE SEX OF THE FETUS.

THIS SCAN DOES NOT INCLUDE FETAL ECHO.

SONOLOGIST.
DR. SIDDHARTH JAIN

ALL THE CONGENITAL ANOMALIES CAN NOT BE DETECTED IN A SINGLE SCAN.
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