



# SAHYOG DIAGNOSTICS

## SONOGRAPHY, MRI, CT-SCAN

## X-RAY, COLOR DOPPLER, PATHOLOGY

**Dr. YUVRAJ**

**MD (Radiodiagnosis), DMRD (Gold Medalist)**  
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**Reg. No. MP17584**

Pt. Name:	MRS. PRIYA VERMA	Age/Sex:	29 Years /Female
Ref. By:	DR. ARUNA KUMAR, MBBS, MD	Date:	14/06/2025

### TARGET SCAN OF PREGNANCY FOR FOETAL ANOMALY

LMP: 26.01.2025

GA by LMP: - 19W 6D

Single live foetus in cephalic presentation and longitudinal lie at the time of scan.

#### Foetal Parameter:

BPD measures	4.3cm corresponding to	19weeks and	2days
HC measures	15.8cm corresponding to	18weeks and	5days
AC measures	12.6cm corresponding to	18weeks and	2days
FL measures	2.6cm corresponding to	18weeks and	1days
Composite gestational age by sonography		18weeks and	3days
Expected date of delivery by sonography		12/11/2025	
Effective fetal weight is approximately		232gm $\pm$ 34gm.	

**Foetal cardiac activity:** is regular. Foetal heart rate is 151 beats/min. Foetal body and limb movements are normal.

**Placenta:** is on **fundoposterior** and away from OS, shows grade-II maturation.

**Umbilical cord:** 3 vessels cord is seen. Placental insertion is central. No loop of cord is seen around the neck.

**Liquor:** is adequate in amount. AFI measures 12.0 cm.

**Internal os:** is closed. Cervix is normal in length (4.3 cm). Endocervical canal appears normal.

**Head:** Appears normal in size and shape. Intracranial assessment of cerebral parenchyma, thalamus, basal ganglia and cerebellum is normal. Transcerebellar distance is normal. Both lateral ventricles appear normal in size and show brightly echogenic choroid plexuses. Cavum septum pellucidum and midline falx are well visualized. Cisterna magna is normal. No SOL is seen. No encephalocele detected.

**Spine:** Full length of the vertebral column is visualized and appears normal. Posterior elements are seen as parallel bands of echoes with **normal flaring in cervical region and convergence in sacrum**. No evidence of spina bifida and sacral agenesis seen.

**Face:** Fetal face was visualized in profile and coronal scans. Anatomic assessment for forehead, orbits, eyeballs, lenses, nasal bone, lips, maxilla, hard palate and mandible is done. No gross facial anomaly detected. Intraorbital distance is normal. Cleft lip and cleft palate are not always detected on USG.

**Neck:** The anterior, posterior and lateral masses of neck are well appreciated. No cystic lesion is visible around the fetal neck. Nuchal thickness is normal.

**Heart:** Normal cardiac size, situs & position. Fetal echo is not done in this scan hence congenital cardiac anomalies cannot be ruled out.

**Chest:** The thorax is assessed for the chest wall, lungs, mediastinum and diaphragm. Both lungs are echogenic, no lung cyst or SOL seen. No evidence of pleural or pericardial effusion seen. Fetal diaphragm is seen as smooth hypoechoic band of tissue. No diaphragmatic hernia seen.



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**Abdomen:** Abdominal circumference is normal. Anterior abdominal wall appears intact. No evidence of omphalocele/gastroschisis seen. Liver, GB & spleen appear normal. Fetal stomach and bowel loops appear normal. No evidence of ascites seen.

**KUB:** Both kidneys appear normal in size. PCS compact. Urinary bladder appears normal in size.

**Limbs:** All four limbs are seen and appear normal for the period of gestation. The bones and soft tissues in proximal, mid and distal segments of both upper and lower limbs are normal. Digit count not included in this scan.

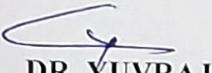
**Impression:** Intrauterine single live fetus of 18 weeks and 3 days duration  $\pm$  1 week with cephalic presentation. No gross foetal anomaly seen.

Expected date of delivery by sonography

12/11/2025

I, DR. YUVRAJ, MBBS, MD, DMRD, declare that while conducting USG on MRS. PRIYA VERMA, I have neither declared nor disclosed the sex of her fetus to anybody in any manner.

It must be noted that detailed fetal anatomy may not be visible due to technical difficulties, fetal position and fetal movements etc. Therefore, all fetal abnormalities may not be detected. This report is not for medico-legal purpose. Fetal ECHO is not done in this study. This scan is suboptimal due to advanced gestational age.



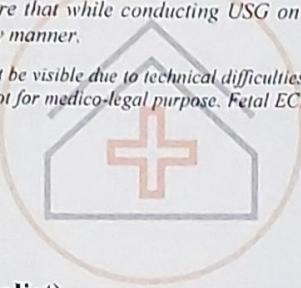
DR. YUVRAJ

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