



# Aroti Hospital & Diagnostics

Mission Road (Ward No.3) Hailakandi, Asaam

Mobile No. 9707629450, 9707629449



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## GRAVID UTERUS (ANOMALY SCAN)

DATE: 21-Jun-25

NAME: MRS. TANMIN WAHID LASKAR

AGE: 21 YRS.

SEX: FEMALE

REFERRED BY: DR. A.B.FUZAYEL AHMED

HISTORY: LMP : 02/02/2025

G. Age by USG : 20 weeks 3 days +/- 2 week EDD by USG : 05/11/2025

Foetus: Intrauterine single live foetus of about 20 weeks 3 days +/- 2 week maturity is seen in changing lie, at present.

### FOETAL PARAMETERS:

Biparietal Diameter	: 4.89 cm.	G. Age: 20 w 6 d.
Head Circumference	: 18.11 cm.	G. Age: 20 w 4 d.
Abdominal Circumference	: 15.18 cm	G. Age: 20 w 3 d.
Femur Length	: 3.11 cm	G. Age: 19 w 4 d.
Tibia Length	: 2.94 cm	G. Age: 20 w 5 d.
Humerus Length	: 3.11 cm	G. Age: 20 w 0 d.
Radius Length	: 2.69 cm	G. Age: 20 w 1 d.
Ulna Length	: 2.83 cm	G. Age: 20 w 3 d.
Fibula Length	: 2.85 cm	G. Age: 20 w 1 d.
Clavicle	: 2.04 cm	G. Age: 20 w 4 d.
APAD	: 4.97 cm	G. Age: 22 w 0 d.
OFD	: 5.94 cm	G. Age: 19 w 4 d.
TAD	: 4.85 cm	G. Age: 21 w 0 d.

Approximate Foetal Wight -: 333 g +/- 49 g

Foetal Heart rate : 148 BPM.

Placenta

: Fundo body posterior. Grade-1.

No mass present. Accessory lobe-Nil

Internal OS is closed.

Amniotic fluid

: Adequate. Largest liquor pocket measure 54.7 mm in vertical axis.

Head

: Intact cranium.

Cavum septi pellucidum- Present, ( 4.9 mm) HEM: 20.9 mm.

Midline falx - Present

Thalami - Present

Cerebral ventricles. - Lateral ventricle measures 4.9 mm.

Cerebellum -appears normal (measures 19.7 mm).

Cisterna magna -width measures 4.8 mm.

Face

: Both orbits present, OOD- 31.6 mm, IOD- 10.0 mm,

Median facial profile - normal appearance. NB measure: 5.6 mm.

Mouth present

Upper lip intact

Neck

: Absence of masses (e.g. cystic hygroma). Nuchal Fold- 4.3 mm,

Chest/Heart

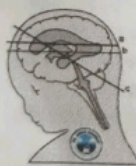
: Normal appearing shape / size of chest and lungs. Heart activity present.

Four-chamber view of heart in normal position.

Aortic and pulmonary outflow tracts- visualized.

No evidence of diaphragmatic hernia.

PTO



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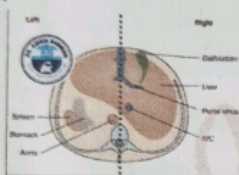
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### Abdominal:



- Stomach in normal position. Bowel not dilated
- Both kidneys present
- Cord Insertion site- Normal

### Skeletal:

- No spinal defects or masses (transverse and sagittal views)
- Arms and hands present, normal relationships
- Legs and feet present, normal relationships.

Umbilical cord: : Three vessel cord.

Length of cervical canal: : 35.9 mm.

### ANOMALY SCAN:

**Report summary:** Single live intrauterine pregnancy. Finding of today's scan explained to the prospective parts. They understand limitation of this screening test especially in detecting cardiac abnormalities. Please, note fetal echocardiography is a different study for detailed foetal cardiac evaluation foetal echocardiography is recommended. Another ultrasound scan is recommended for foetal growth and placental localization at 32-34 weeks gestation or earlier if clinically indicated.

### Explained that:

Ultrasound scanning cannot detect all fetal anomalies. Even though this scan has been performed as per current international guidelines for fetal imaging, certain anomalies may go undetected due to technical limitation, maternal body habitus, unfavorable fetal position or abnormal amount of amniotic fluid. Overall detection rate of major congenital abnormalities in antenatal Ultrasound is about 70%. Some Congenital Abnormalities are seen by USG only in 3rd trimester. Thus, not detectable at 18-24 weeks scan. Antenatal ultrasonography is a screening test for structural Abnormalities. It does not confirm or exclude chromosomal problems in the foetus. Assessment of small body parts like fingers, toes and ears does not come within the scope of the targeted anomaly scan. Subtle anomalies like mild facial dimorphisms cleft of the posterior palate or small cardiac septal defects and anomalies that evolve towards later gestation may not be evident until after birth. All cases of tracheoesophageal fistula and imperforate anus are difficult to detect on prenatal scan considering its pitfalls in presentation.

I declare that while conducting ultrasonography, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

### IMPRESSION:-

- Single live intrauterine foetus of around 20 weeks 3 days +/- 2 week maturity.
  - Foetal Anomaly Scan within normal limits.
- Suggested follow up.

Transcriptionist:  
Mr. Hitabrata Bardhan

Dr. Amrik Barman

MBBS (UCMS, Delhi) DMC - 17173.

MD (Radiology, SMC) AMC - 28548.

Member of Society of Fetal Medicine. (M. No - 5869)

FMF ID - 200613.

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### CALCULATION OF AGE ADJUSTED ULTRASOUND RISK ASSESSMENT

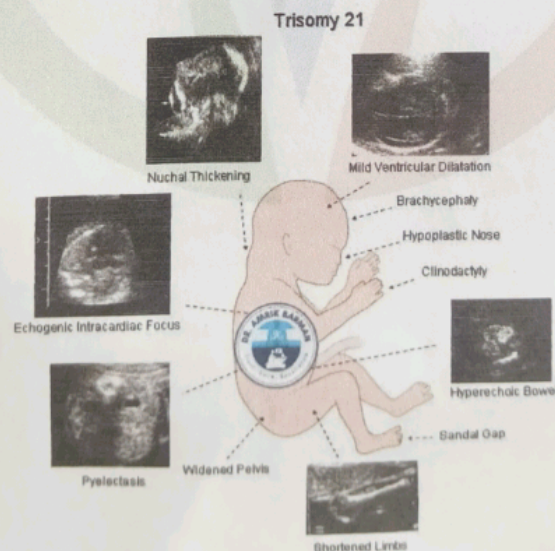
Mid trimester apriori risk of Down Syndrome is	1 in 1130
Nuchal fold	Absent
Thickened soft tissue at the fetal occiput ( abnormal if $\geq 6$ mm between 15 to 20 weeks)	
Hyperechoic bowel (Bowel echogenicity comparable to bone)	Absent
Short humerus (Measured to Expected Humeral Length is $< 0.9$ Expected Humeral Length = $-7.9404 + 0.8492 * BPD$ )	Absent
Short femur (Measured to Expected Femur Length is $\leq 0.91$ Expected Femur Length = $-9.3105 + 0.9028 * BPD$ )	Absent
Echogenic intracardiac focus (Discrete echogenic spot as bright as bone)	Absent
Pyelectasis (Anterior posterior dimension of the renal pelvis $\geq 4$ mm)	Absent
Total post-ultrasound likelihood ratio	1
Patient-specific risk for Down syndrome posterior probability	1 in 1130

For a woman who will be 21 year old at the time of delivery.

The Risk for trisomy 21 (Down syndrome) is 1:1130

The Risk for Trisomy 18 (Edward syndrome) is 1 : 4380

The Risk for Trisomy 13 1 : Data not available



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