



PARGAON SONOGRAPHY CENTRE

At Post-Pargaon (Salu-Malu), Tal-Daund, Dist-Pune 412203.

Mob.: 8605305536 / 8605475536

DIGITAL XRAY, 3D/4D SONOGRAPHY, COLOUR DOPPLER, ECG & PATHOLOGY LAB.

USG OBSTETRICS

PATIENT'S NAME: MRS. PRATIKSHA AMIT JADHAV

DATE: 18/06/2025

REF BY: DR. SHEETAL SHITOLE

AGE: 25 YEARS

LMP	29/01/2025		
GA by LMP	20 Wks 0 Day	EDD by LMP	05/11/2025
GA by USG	20 Wks 1 Days		

Real time B mode obstetric scan reveals:

Sonography of gravid uterus reveals the presence of a **single live fetus in variable presentation in present scan.**

Fetal heart rate – 159 bpm. Fetal cardiac activity is regular. Active limb and body movements observed.

Placenta: is posterior, Grade- I maturity. Not reaching up to the internal os. No placental separation or retroplacental hematoma.

Amniotic fluid: Volume is normal in present scan. Deepest pocket 3.2 cm.

Cervical length measures 4.6 cm.

No loop of umbilical cord around the fetal neck at present scan.

Foetal Weight: 297 +/- 43 gms.

FOETAL BIOMETRY

Parameter	Measures /cm	Weeks	Days
BPD	4.8	20	6
HC	17.2	19	6
AC	14.1	19	4
HL	3.0	20	2
FL	3.0	19	2

(P.T.O.)

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ANOMALY SCAN

CNS:

- The ventricular system is normal. Lateral ventricle measures 6.4 mm.
- Trans cerebellar diameter - 20.5 mm. (Within normal limit)
- Cisterna magna - 3.7 mm. (Within normal limit)
- Nuchal fold measures 3.4 mm.
- Visualized cerebrum, cerebellum and posterior fossa structures appear normal.
- No e/o hydrocephalus is seen. Cavum septum pleucidum is seen.

Cardiac Structures

- Normal situs is seen. Cardiac chambers sizes are normal.
- Four chambers view and three vessels view are seen.
- Right ventricular outflow tract and left ventricular outflow tract appears normal.
(For detailed evaluation of fetal heart fetal echocardiography is suggested between 22-24 weeks).

Abdominal structures

- Fundic bubble appears normal. Visualized bowel loops appear nondilated.
- No e/o any diaphragmatic hernia/omphalocele is seen.

Fetal KUB

- Both the kidneys are normal in size and echotexture. No significant pyelectasis is seen.
- Urinary bladder is seen. No e/o of urinary bladder overdistension is seen.

Limbs

- Visualized parts of the limbs show normal appearances.
- No e/o club foot is seen.

Miscellaneous structures

- Nasal bone appears well ossified. Visualized face appears normal.
- No cleft lip seen at present.
- 3 vessel umbilical cord visualized.

Doppler - Maternal uterine arteries

	Right uterine artery	Left uterine artery	Mean PI	Remarks
Pulsatility Index (PI)	0.58	1.09	0.83	Normal

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IMPRESSION -

- Single, live, intrauterine Fetus in variable presentation in present scan of 20 weeks 0 day (+/- 2 weeks) by LMP.
- No any gross lethal congenital anomaly detected in present scan.

Advice: - Clinical, Quadruple marker correlation / Follow up scan at 26-28 weeks.

DISCLAIMER :

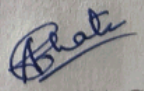
Not all fetal anatomical abnormalities can be detected on ultrasound examination. The visualization of fetal parts depends on the fetal position, fetal movements and adequacy of liquor. Certain defects may not be visualized during the 2nd trimester. A follow up scan in the early third trimester of late 2nd trimester is advisable. The Present study cannot exclude fetal chromosomal abnormalities because the ultrasound markers for these may not always be evident. Defects such as complex cardiac anomalies like TAPVR, PAPVR, PAPVD, small VSDs, ASDs, evolving conditions etc, lower gastrointestinal abnormalities, abnormalities involving hands, feet, ears, soft tissues etc, may not be detected on ultrasound examination.

* I Mrs. PRATIKSHA AMIT JADHAV, declare that by undergoing ultrasonography/image scanning etc. I do not want to know the sex of my foetus.

Signature of pregnant women *

- प्रतिक्खा नाथव

I, DR. ARCHANA GHATE, declare that while conducting ultrasonography/image scanning etc. on Mrs. PRATIKSHA AMIT JADHAV, I have neither detected nor declared sex of her foetus to anybody in any manner.


DR. ARCHANA GHATE
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