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FMF CERTIFIED FROM
FETAL MEDICINE FOUNDATION

- FOR NT/NB SCAN
- FOR PRE - ECLAMPSIA SCREENING

MRI FELLOWSHIPS :

- NANAVATI HOSPITAL, MUMBAI
- HINDUJA HOSPITAL, MUMBAI

PATIENT'S NAME : MRS. NEETU RAI

AGE/SEX : 25 Y/F

REF. BY : DR. POOJA SHRIVASTAVA (MBBS, MS)

DATE : 24/06/2025

OBSTETRIC USG (EARLY ANOMALY SCAN) WITH PRE-ECLAMPSIA SCREENING

LMP: 03/04/2025

GA (LMP) : 11 wk 5d

EDD : 08/01/2026

- Single live fetus seen in the intrauterine cavity in variable presentation in right horn on a possible bicornuate uterus. Left horn shows mild inhomogeneous endometrium ~12.7 mm with mild fluid with echoes, likely dec cast. Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 165 beats /min.
- PLACENTA: is grade I, posterior & not low lying.
- LIQUOR: is adequate for the period of gestation.

Fetal morphology for gestation as described.

- Cranial ossification appears normal. Midline falx is seen. Choroid plexuses are seen filling the lateral ventricles. No posterior fossa mass seen. Spine is seen as two lines. Overlying skin appears intact.
- No intrathoracic mass seen. No TR.
- Stomach bubble is seen. Bilateral renal shadows is seen. Anterior abdominal wall appears intact.
- Urinary bladder is seen, appears normal. Cord could not be assessed.
- All four limbs with movement are seen. Nasal bone well seen & appears normal. Nuchal translucency measures 1.3 mm (WNL).
- Ductus venosus shows normal spectrum with positive "a" wave (PI ~ 0.91).

FETAL GROWTH PARAMETERS

- CRL 53.7 mm ~ 12 wks 1 days of gestation.
- Estimated gestational age is 12 weeks 1 days (+/- 1 week). EDD by USG : 05/01/2026
- Internal os closed. Cervical length is WNL (37.2 mm).
- Baseline screening of both uterine arteries was done & reveals mean PI of ~ 3.14 (high for gestation) suggest increased chances for PIH / pre-eclampsia.
- Date of Last Delivery 10/03/2024.
- Gestation at delivery of last pregnancy 31 weeks 2 days.

IMPRESSION:

- Single, live, intrauterine fetus of 12 weeks 1 days +/- 1 week in right horn of possible bicornuate uterus as mentioned.
- Gross fetal morphology is within normal limits.

Suggest : Clinical correlation & follow up at 19-20 weeks for target scan for detailed fetal anomaly screening

Declaration : I have neither detected nor disclosed the sex of the fetus to pregnant woman or to anybody. (It must be noted that detailed fetal anatomy may not always be visible due to technical difficulties related to fetal position, amniotic fluid volume, fetal movements, maternal abdominal wall thickness & tissue echogenicity. Therefore all fetal anomalies may not be detected at every examination. Patient has been counselled about the capabilities & limitations of this examination.)

(DR. ANKITA VIJAYVARGIYA)