



Pratik Arun Joshi

DMRE, AFIH, BCFRG, PGDHIM, PGDMLS
D - 196974, Reg. No. 2014/09/4230
Consultant Radiologist & Sonologist

Dr. Sonali Badole-Joshi

MBBS, DMRE, BCFRG, Reg. No. 2014/06/2667
Consultant Radiologist & Sonologist

Name:- MRS. VEDANTI SANKET KSHIRSAGAR	Date:- 24/06/2025
Age / Sex:- 28 Yrs/F	Ref. By:- DR.SUKHADA BANGAR MADAM

OBSTETRIC SONOGRAPHY (ANOMALY SCAN)
(Many thanks for referral!)

The real time, B mode, sonography of gravid uterus was performed.
There is a single, live, intrauterine gestation.

Foetal Movements	: Present.
Foetal Heart Rate	: 151 bpm
L.M.P.	: 04.02.2025
Gestational Age	: 20 wks 0 days
E.D.D.	: 11.11.2025
Presentation	: Variable.

FOETAL PARAMETERS :

BPD	44mm	19 wks 03 days
HC	169mm	19 wks 04 days
AC	148mm	20 wks 01 days
FL	30mm	19 wks 03 days
Estimated fetal weight	309Gm(+/- 45gm)	

- Corresponds to the size of fetus: 19 wks 4 days (+/- 1 wks).
- The USG E.D.D. is 14.11.2025 (+/- 2 wks.).

- 3D/4D Sonography • Color Doppler • Digital X-Ray • 2D Echo • Pathology • ECG

Arun Joshi

AFIH, BCFRG, PGDHMM, PGDMLS
4, Reg. No. 2014/09/4230
oologist & Sonologist

Dr. Sonali Badole-Joshi

MBBS, DMRE, BCFRG, Reg. No. 2014/06/2667
Consultant Radiologist & Sonologist

unt of liquor is adequate.
gest pocket is 3.8 cm.

Inta

enta is fundo-anterior.
enta shows normal appearances.
enta is not low placed.

vix

ndocervical length measures 3.3cm.
ternal os is closed and does not show funnelling.

Doppler-Uterine arteries

On Doppler interrogation, right uterine artery shows pulsatility index of 0.66.
On Doppler interrogation, left uterine artery shows pulsatility index of 0.91.
Average pulsatility index is 0.785, which is below the 95th centile values.

Doppler-Umbilical artery

: On Doppler interrogation, umbilical artery shows pulsatility index of 1.10 which is below the 95th centile values. Diastolic component in the umbilical artery flow is not absent.

Fetal appearances

: Visualised fetal appearances are normal at this stage. Anomaly detection is dependent on many factors
Such as gestational age of scanning, fetal orientation, amount of surrounding fluid, maternal obesity,
Subtlety of the abnormality, etc.





- 3D/4D Sonography
- Color Doppler
- Digital X-Ray
- 2D Echo
- Pathology
- ECG

Pratik Arun Joshi

DMRE, AFIH, BCFRG, PGDHM, PGDMLS
 D - 196974, Reg. No. 2014/09/4230
 Consultant Radiologist & Sonologist

Dr. Sonali Badole-Joshi

MBBS, DMRE, BCFRG, Reg. No. 2014/06/2667
 Consultant Radiologist & Sonologist

Region	Findings	Remarks
Craniospinal structures	Normal ✓	No evidence of hydrocephalus is seen. Cavum septum pellucidum is seen. Posterior fossa structures show normal appearances. No evidence of mega cisterna magna is seen. No evidence of large defect is seen in visualised parts of the spine. Small spinal defects can get undetected on ultrasound. Calvarium is formed.
Cardiac structures	Normal ✓	Normal situs is seen. Cardiac chamber sizes are normal. LVOT and RVOT seen. No evidence of large VSD is seen, tough ASD/small to medium sized VSD/Anamolus pulmonary venous drainage may not be visualized on USG. 2D foetal echo suggested .
Abdominal structures	Normal ✓	Stomach is seen. No evidence of duodenal or bowel atresia is seen. No evidence of bowel dilatation is seen. No evidence of diaphragmatic hernia is seen. No evidence of omphalocele is seen.
KUB	Normal ✓	No significant pyelectasis or hydronephrosis is seen. Both the kidneys are normal. Urinary bladder is seen.
Limbs	Normal	Visualised parts of the limbs show normal appearances to extent visualised. No evidence of club foot is seen.
Miscellaneous structures	Normal	Nuchal pad is not thickened. Nasal bone has formed. No evidence of large cleft lip is seen at present. Three vessel cord is seen.



Dr. Arun Joshi

MBBS, AFIH, BCFRG, PGDHM, PGDMLS
16974, Reg. No. 2014/09/4230
Radiologist & Sonologist

Dr. Sonali Badole-Joshi

MBBS, DMRE, BCFRG, Reg. No. 2014/06/2667
Consultant Radiologist & Sonologist

IMPRESSION:

- Single, live, intrauterine gestation of 19 wks 4 days (+/- 1 wks)

ADV - Quadruple marker test for further correlation.

ADV - Foetal echo at 22- 24 wks.

Please note:

Obstetric sonography is done mainly to see foetal growth, its surroundings & gross foetal anatomy. All foetal anomalies can't be detected by routine sonography, as its detection depends on GA, foetal position, amount of liquor; some anomalies manifest at different stages of gestation. small VSD, anorectal malformation may not be visualised on usg. 2D fetal cardiac echo is not a part of this study which needs to rule out complex fetal cardiac anomalies. fingers and toes cannot be counted due to foetal position. Not all anomalies can be detected by ultrasound. All measurements including birth weight are subject to statistical variations. Not all anomalies detected on ultrasound.

* I MRS. VEDANTI SANKET KSHIRSAGAR, declare that by undergoing ultrasonography/image scanning etc. I do not want to know the sex of my foetus.

Signature of pregnant women *

I, DR. PRATIK JOSHI, declare that while conducting ultrasonography/image scanning etc. on MRS. VEDANTI SANKET KSHIRSAGAR, I have neither detected nor declared sex of her foetus to anybody in any manner.

DR. PRATIK ARUN JOSHI
MBBS, DMRE (RADIOLOGY),
BCFRG, PGDHM, PGDMLS.
FMF ID: 196974
CONSULTANT RADIOLOGIST