Dr. Prakashey's
DR PRAKASHEY SCAN
SONOGRAPHY CENTRE

Dr. Amaresh Prakashey
M.B.B.S., D.M.R.E.
(Radiodiognosis & Imaging)
Consultant Radiologist & Sonologist

Patients Name : **Mrs. DARSHANA ZALKE, 31 Y** **Date: 01/07/2025**
Examination : **USG – ANC** ***(Anomaly scan)*** **Ref. by: Dr. Neha Nakade**
LMP : **15/02/2025 corresponding to 19 weeks 03 days & EDD by LMP 22/11/2025**

OBSERVATION :

#> Single live intra-uterine pregnancy with variable position.
#> Fetal body movements & cardiac activity appears normal.
#> BPD 43 mm - 19 weeks - 01 day
HC 166 mm - 19 weeks - 02 days
AC 144 mm - 19 weeks - 05 days
FL 30 mm - 19 weeks - 02 days
CGA 19 weeks 03 days
#> **Fetal heart rate – 157 BPM. Fetal weight is 297 gms ± 52 gms (*less by 0.03 SD*)**
#> **EDD by CGA : 22. 11. 2025**
#> Placenta is right postero – lateral & **not low lying.**
#> **Liquor is less for the period of gestational age. AFI ~ 9.5 – 10.5**
#> *Suboptimal study due to maternal obesity, oligohydramnios & crowding of fetal parts.* Fetal spine is antero – laterally resulting in suboptimal visualization of fetal heart & face. Heart appears 4 chambered. Foramen oval is patent with flap opening into left atrium. Both ventricles appears normal, shows usual thickness of the myocardium. Interventricular septum appears normal. RVOT and LVOT appears normal with usual relationship. Arch of aorta is normal with usual branching pattern. No pericardial effusion. Head circumference appears normal. Ventricular system appears normal in dimension. No hydrocephalus. Choroid plexus are normally placed and show usual echogenecity, **except for a small thin walled simple choroid plexus cyst of size 5.2 mm on right side & 4.8 mm on left side.** Posterior fossa & craniovertebral junction are suboptimally visualized. Fetal spine is closely abutting the uterine wall & visualized part appears normal. Both kidneys are corresponding in length with fetal age. No demonstrable pelvicalyectasis. Urinary bladder is minimally distended. Stomach bubble is in its usual position. Bowel loops show usual echogenicity. Fetal limbs appear normal. Fetal ears, palm, fingers & toes are suboptimally seen due to closed fist & flexion. *[It must be noted that detailed fetal anatomy may not always be visible due to technical difficulties related to fetal movements, amniotic fluid volume, fetal position and maternal abdominal wall thickness. Therefore, all fetal anomalies may not necessarily be detected at every examination or in single scan & present fetal position. Dedicated fetal echo is not a part of this examination & may be suggested subsequently at 23 – 24 weeks.].*
#> **Internal os closed. Cervix appears normal *(36 mm)*.**

IMPRESSION:

A SINGLE LIVE INTRAUTERINE FETUS OF SONIC GESTATIONAL AGE OF 19 WEEKS 03 DAYS.

A SMALL CHOROID PLEXUS CYST BILATERALLY (RIGHT > LEFT).

MILD TO MODERATE OLIGOHYDRAMNIOS.

Clinical correlation and follow up / Doppler study is suggested.
Detailed 4D study / Fetal Echo / fetal MRI may be suggested.

Declaration: I, the undersigned, declare that while conducting this Ultrasonography study on the patient I have neither detected nor disclosed the sex of fetus to any one in any manner.

Note: All congenital malformations / anomalies cannot be rule out only at this gestational age or in single scan & present fetal position. Some malformations / anomalies can develop in latter stage of gestation. A normal scan / study does not rule out the possibility or presence of malformations / anomalies. Detection of congenital malformation depends on the maternal abdominal wall thickness, gestational age, liquor adequacy, position & movements of fetus, etc at the time of evaluation. Dedicated fetal echo is not a part of this examination. All measurements including fetal weight are subject to statistical variations. Report is for referring physician only & not for medicolegal purpose. Patient's identity is as per patient's / guardian's / relative's declaration only.

DR. AMARESH PRAKASHEY
M.B.B.S, D.M.R.E. [Radiodiagnosis](Mumbai)
(Consultant Radiologist and Sonologist)

Investigation has their limitation. Solitary radiological / pathological and other investigation never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation to symptom and other related test. Please interpret accordingly.

vs

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Besides **Bank of India**, Railway Station Road, C/o. Adv. Pande,
Civil Lines, **SAONER** - 441107, Dist. - Nagpur (M.S.) MAHARASHTRA
9022581919, 07113-233500
prakasheyscan@gmail.com

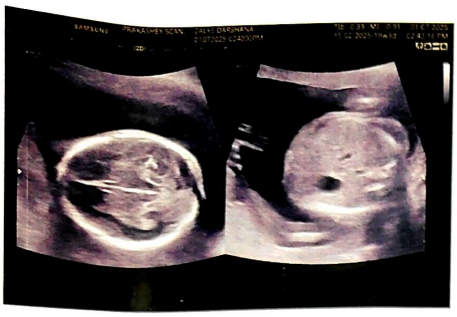
Ultrasound Image Report

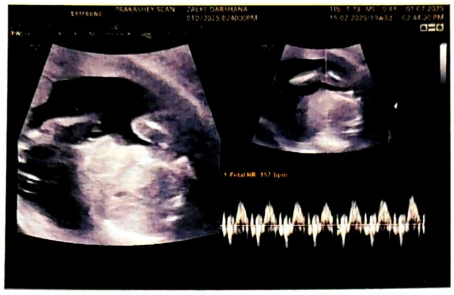
Patient

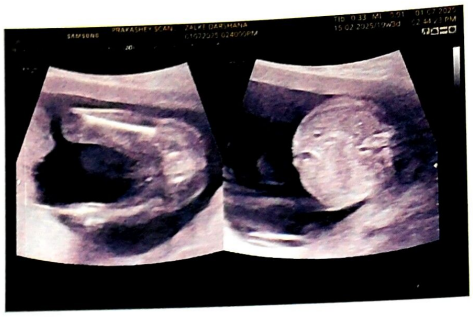
ID	01072025-024000PM
Name	ZALKE DARSHANA
Birth Date	
Gender	

Exam

Accession #	
Exam Date	01-07-2025
Description	
Operator	







ID	01072025-024000PM			Name	ZALKE DARSHANA				
Date of Birth(Age)				Gender					
Indication									
Diag. Physician				Ref. Physician		Operator			

OB

LMP	15-02-2025	GA(LMP)	19w3d	EDD(LMP)	22-11-2025	Gravida	Para	
	Average	GA(AUA)	19w3d	EDD(AUA)	22-11-2025	Ectopic	Aborta	
		BPD,HC,AC	297 g	(10oz)		19w3d	HADLOCK	-0.03

Fetal Biometry

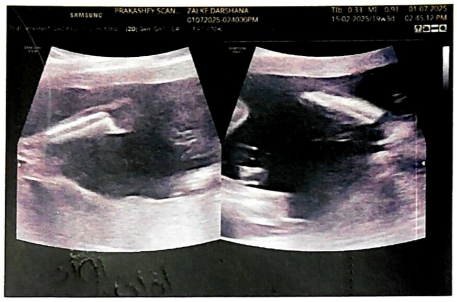
	m1	m2	m3		GA		SD	
BPD	4.34	4.34		cm	Last	19w1d	HADLOCK -0.33	HADLOCK
HC	16.66	16.66		cm	Last	19w2d	HADLOCK -0.30	HADLOCK
AC	14.43	14.43		cm	Last	19w5d	HADLOCK +0.16	HADLOCK
FL	3.01	3.01		cm	Last	19w2d	HADLOCK -0.32	HADLOCK

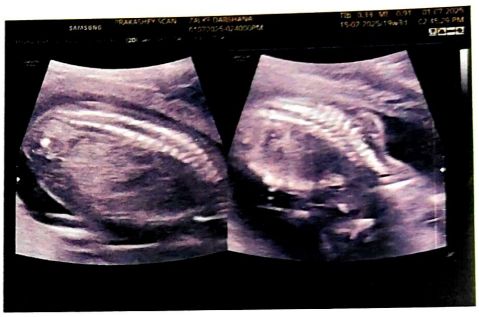
2D Calculations

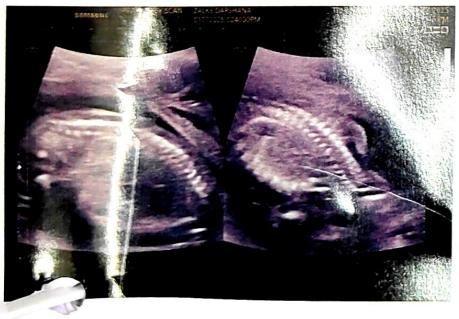
FL/AC	20.8	%	(20 % - 24 %)	
FL/BPD	69.3	%	(71 % - 87 %)	
FL/HC	18.1	%	(16.40 % - 18.94 %)	HADLOCK
HC/AC	1.15		(1.09 - 1.26)	CAMPBELL

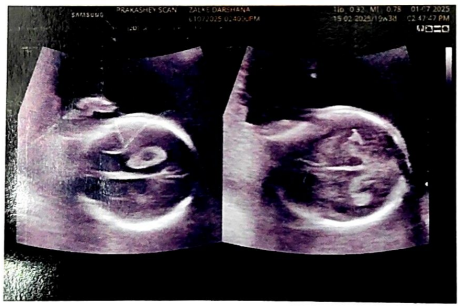
Fetal HR

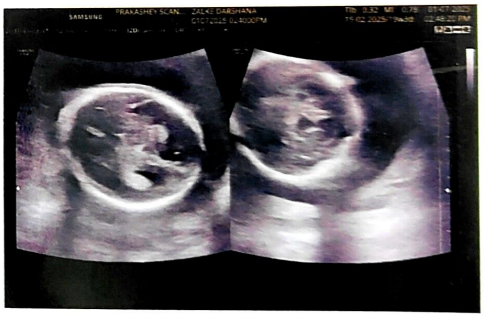
		m1	m2	m3		
Fetal HR		157			/m	Last

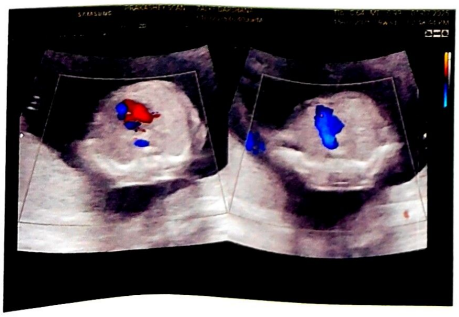


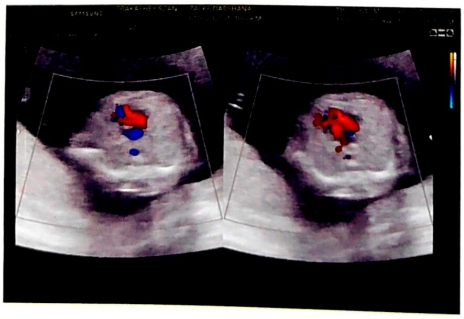


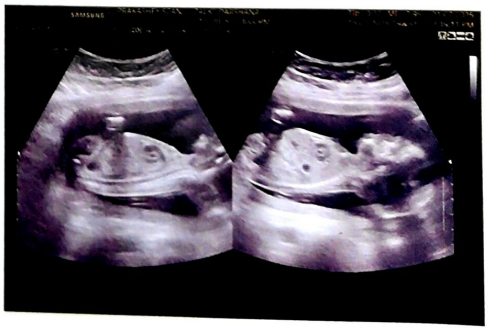


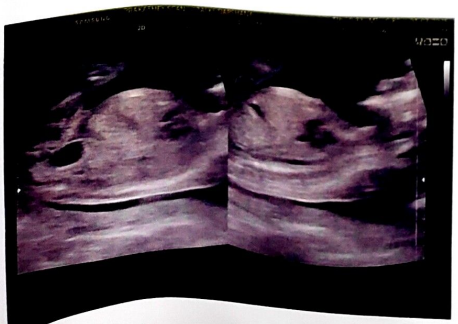


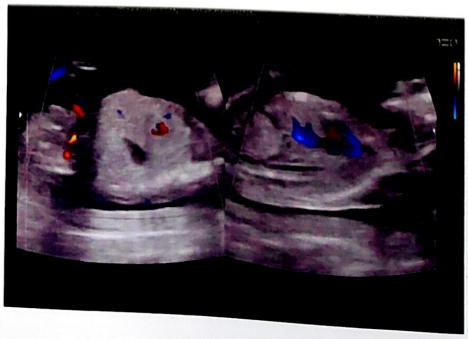


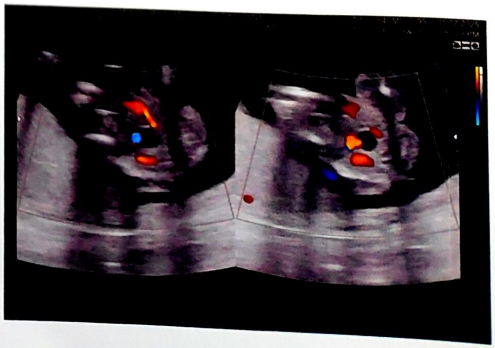












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