



PATIENT NAME: PRIYANKA RAJKUMARI	DATE: 03/07/2025
REF PHY: DR. D. DUTTA MAZUMDER	AGE/SEX: 27 Years / FEMALE

ANOMALY SCAN




LMP:03-02-2025	▼GA(LMP):21w3d	▲AUA:22w2d	EDD by LMP:10-11-2025					
0	5	10	15	20	25	30	35	40

Dating	LMP	GA		EDD
		Weeks	Days	
By LMP	LMP: 03/02/2025	21	3	10/11/2025
By USG		22	2	04/11/2025
AGREED DATING IS (BASED ON LMP)				

There is a single gestation sac in uterus with a single fetus within variable in position.
The fetal cardiac activities and body movements are well seen.
Placenta is fundobody anterior, grade I maturity, away from os.
Amniotic Fluid: Liquor volume is adequate.
Internal os is closed and length of cervix is normal. 2.9 cm.

Fetal growth parameters	mm	Weeks	Days	Percentile
Biparietal Diameter	54	22	3	83.4% + + + + +
Head circumference	197.3	21	6	61% + + + + +
Nasal Bone Length	5.8			64.1% + + + + +
Abdominal Circumference	181	23	0	86.4% + + + + +
Femoral Length	37.5	22	0	59.9% + + + + +
Fetal Weight	506 Grams + 74 Grams.			89.6% + + + + +
Heart Rate	151 Beats Per Minute.			
FL/AC = 20.72%		HC/AC = 1.09		
FL/BPD = 69.44%		BPD/OFD = 75.41%		

Sr. No.	2 nd Trimester Aneuploidy Markers	
1	Intracardiac Echogenic Focus	Present
2	Ventriculomegaly	Absent
3	Increased Nuchal Fold	Absent
4	Echogenic Bowel	Absent
5	Mild Hydronephrosis	Absent
6	Short Humerus	Absent
7	Short Femur	Absent
8	Aberrant Right Subclavian Artery	Absent
9	Absent or Hypoplastic Nasal Bone	Normal size
Apriori Risk (From Maternal Age):		1 in 830
LR Ratio:		0.95
Trisomy21 Risk:		1 in 874

<u>Vessels</u>	<u>S/D</u>	<u>RI</u>	<u>PI</u>	<u>PI Percentile</u>	<u>Remarks</u>
Right Uterine Artery	2.77	0.64	1.13	86% 	Within Normal Limit
Left Uterine Artery	2.03	0.51	0.77	46.4% 	Within Normal Limit
Uterine Arteries Mean PI =			0.95	35% 	Normal
Umbilical Vein	**	**	**	Non-pulsatile waveform (normal) Umbilical Vein	

HEAD

Midline falx seen.

Both lateral ventricles appear normal, **3.7 mm**

The cerebellum and cisterna magna, **3.9 mm** are normal.

No intracranial calcification is identified.

SPINE

Entire spine visualized in longitudinal and transverse axis.

Vertebrae and spinal canal appear normal.

No evidence of neural tube defect is noted.

NECK

No cystic lesion seen around the neck.

The Nuchal fold thickness measures **4.3 mm**.

FACE

Fetal face seen in the coronal and profile view.

Both Orbits, nose and mouth appeared normal.

THORAX

Heart appears in the mid position. **Intra-cardiac echogenic focus seen in left ventricle.**

Normal cardiac situs. Outflow tracks appears normal.

Both lung seen.

No evidence of pleural or pericardial effusion.

No evidence of SOL in the thorax.

Detailed Fetal Echocardiograph may be suggested at appropriate time if indicated.

ABDOMEN

Abdominal situs appeared normal.

Stomach bubble seen.

Normal bowel pattern appropriate for the gestation seen.

No evidence of ascites.

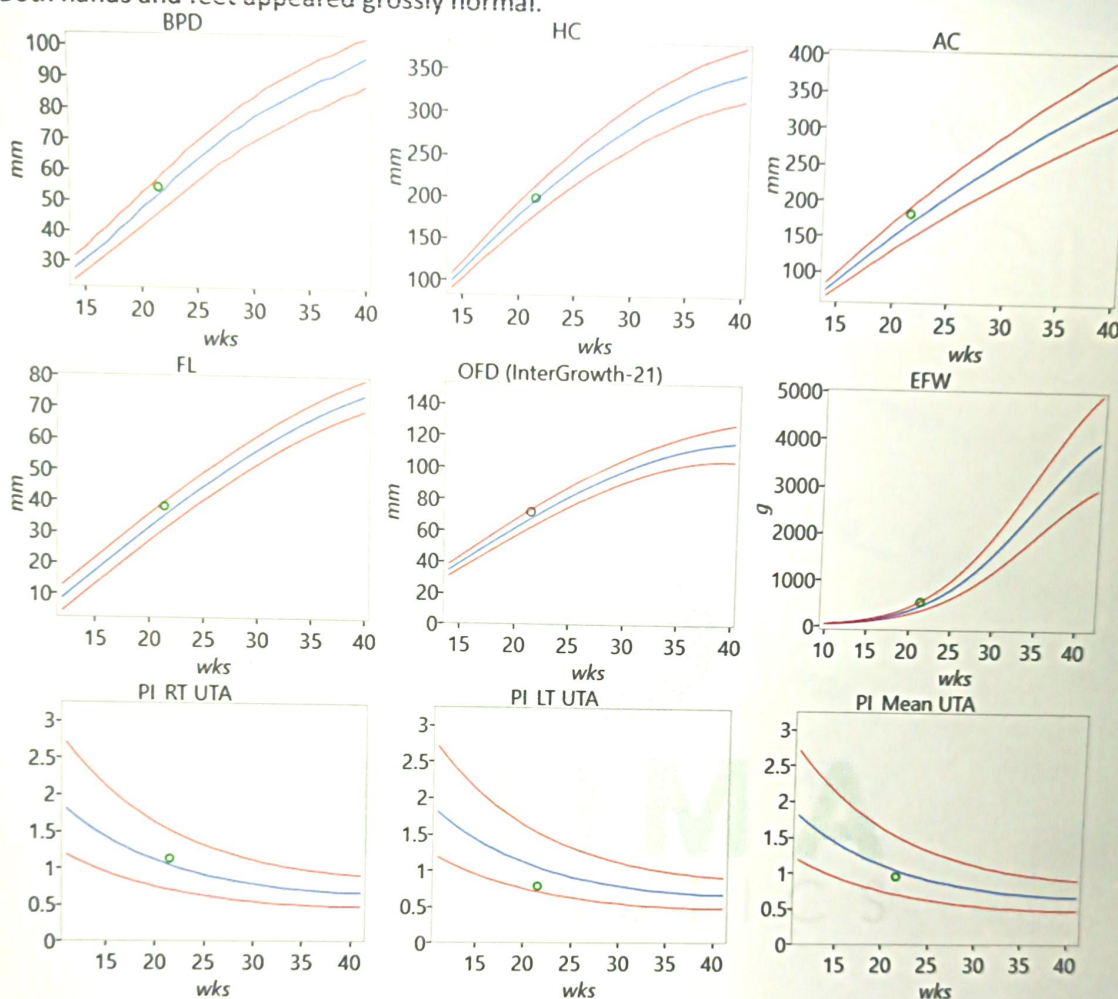
Abdominal wall intact.

Fetal both kidneys appeared normal.

Fetal urinary bladder appeared normal

LIMBS

All fetal long bones visualized and appear normal for the period of gestation.
Both hands and feet appeared grossly normal.




Conclusion:

SINGLE LIVE INTRAUTERINE FOETUS OF 22 WEEKS 2 DAYS IS PRESENT.
INTRA-CARDIAC ECHOGENIC FOCUS SEEN IN LEFT VENTRICLE. NO OTHER SOFT MARKER OF ANEUPLOIDY SEEN.
NO OTHER FETAL STRUCTURAL ANOMALY IS DETECTED AT THIS STAGE.

Adv: Quadruple marker test.

Please note that all anomalies can not be detected all the times due to various technical and circumstantial reasons like gestation period, fetal position, quantity of liquor etc.


Dr. Siva Dutta , MD, CCFRG,
Consultant Radiologist
Certified by FMF, UK
(operator ID- 161475)

