

MANUSHREE IMAGING CENTRE

Dr. Mayank Ujjaliya

MD Radiodiagnosis

Reg. No.: MP-16150

Ex. Consultant Radiologist

Bansal Hospital, Bhopal

Ex. SR. PGIMER Chandigarh

Ex. Consultant Star Hospital, Ahmedabad

Pt. Name:	MRS. PRIYANKA	Age/Sex:	29 Years /Female
Ref. By:	DR. SWATI SOLANKI	Date:	08/07/2025

TARGET SCAN OF PREGNANCY FOR FOETAL ANOMALY

LMP: 24.02.2025

GA by LMP-19w1d

Single live foetus in breech presentation and longitudinal lie at the time of scan.

Foetal Parameter:

BPD measures	42mm corresponding to	18 weeks and	5 days
HC measures	154mm corresponding to	18 weeks and	3 days
AC measures	134mm corresponding to	19 weeks and	0 days
FL measures	26mm corresponding to	18 weeks and	1 days
Composite gestational age by sonography		18 weeks and	4 days
Expected date of delivery by sonography		05/12/2025	
Effective fetal weight is approximately		245gm ± 36 gm	

Foetal cardiac activity: is regular. Foetal heart rate is 146 beats/min. Foetal body and limb movements are normal.

Placenta: is on **Anterior** uterine wall shows grade- I maturation.

Umbilical cord: 3 vessels cord is seen. Placental insertion is central. No loop of cord around the neck is seen.

Liquor: is adequate in amount. AFI measures 14 cm.

Internal os: is closed. Cervix is normal in length (4.2 cm). Endocervical canal appears normal.

Head: Appears normal in size and shape. Intracranial assessment of cerebral parenchyma, thalami, basal ganglia and cerebellum is normal. Transcerebellar distance is normal. Both lateral ventricles appear normal in size and show brightly echogenic choroid plexuses. Cavum septum pellucidum and midline falx are well visualized. Cisterna magna is normal. No SOL is seen. No encephalocele detected.

Spine: Full length of the vertebral column is visualized and appears normal. Posterior elements are seen as parallel bands of echoes with normal flaring in cervical region and convergence in sacrum. No evidence of spina bifida and sacral agenesis seen.

Face: Fetal face was visualized in profile and coronal scans. Anatomic assessment for forehead, orbits, eyeballs, lenses, nasal bone, lips, maxilla, hard palate and mandible is done. No gross facial anomaly detected. Intraorbital distance is normal.

Neck: The anterior, posterior and lateral masses of neck are well appreciated. No cystic lesion is visible around the fetal neck. Nuchal thickness is normal.



Shop No. 4, CI Square, Kolar Road, Bhopal



Ph.: 0755-3597661, 9303614620

Timing : 9:00 am to 9:00 pm

Sunday : 10:00 am to 12:00 pm

This report is not valid for Medico legal purpose



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Heart: Normal cardiac size, situs & position.

Chest: The thorax is assessed for the chest wall, lungs, mediastinum and diaphragm. Both lungs are echogenic, no lung cyst or SOL seen. No evidence of pleural or pericardial effusion seen. Fetal diaphragm is seen as smooth hypoechoic band of tissue. No diaphragmatic hernia seen.

Abdomen: Abdominal circumference is normal. Anterior abdominal wall appears intact. No evidence of omphalocele/gastroschisis seen. Liver, GB & spleen appear normal. Fetal stomach and bowel loops appear normal. No evidence of ascites seen.

KUB: Both kidneys appear normal in size. No pelvicalyceal dilatation seen. Urinary bladder appears normal in size.

Limbs: All four limbs are seen and appear normal for the period of gestation. The bones and soft tissues in proximal, mid and distal segments of both upper and lower limbs are normal. Digit count not included in this scan.

Right uterine artery PI-1.64. Left uterine artery PI-0.82. Mean PI-1.23 (normal).

Impression: Intrauterine single live fetus of 18 weeks and 4 days duration \pm 2 weeks. No gross foetal anomaly seen.

Expected date of delivery by sonography **05/12/2025**

I, Dr. MAYANK UJJALIYA, MD, declare that while conducting USG, I have neither declared nor disclosed the sex of her fetus to anybody in any manner. (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. This report is not for medico-legal purpose. Fetal ECHO and digits count is not done in this study.

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MD (MP-16150)

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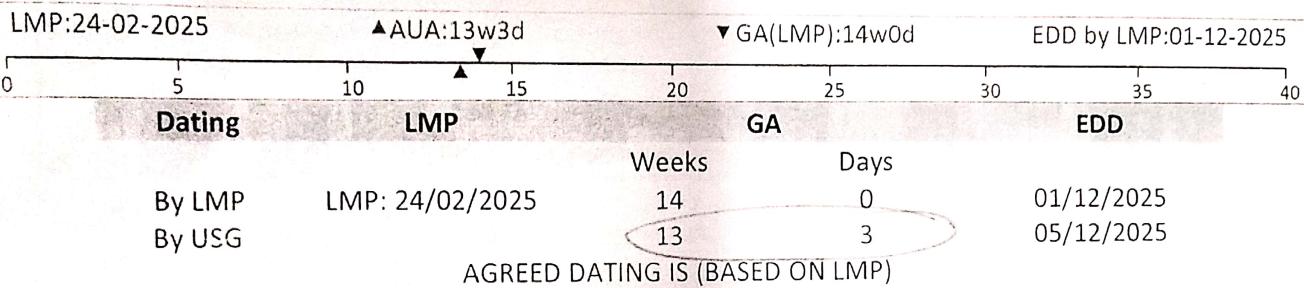
Patient Name: PRIYANKA KUSHWAH
Patient Id: 02062506
Ref Phy: DR. YAMINI MANKAR

Date: 02/06/2025

Age/Sex: 29 Years / FEMALE

OBSTETRIC NT SCAN

Height : 145.2 cm	BP	MAP
Weight : 43.05 kg	Systolic 124	89.33 mmHG
BMI : 20.42	Diastolic 72	



There is a single gestation sac in uterus with a single fetus within it.

The fetal cardiac activities are well seen.

Chorion frondosum/Placenta is **anterior** and **grade-0** in nature.

Amniotic Fluid: Normal

Internal Os is closed and length of cervix is normal measures 3.3 cm.

Embryonal Growth Parameters

	mm	Weeks	Days
Crown Rump Length	72.6	13	3
Biparietal Diameter	23.5	14	0
Femoral Length	9.9	13	0

149 Beats Per Minute.

05/12/2025

	1.6 mm 34%	3.3 mm 28%
Nuchal Translucency	+	+

Seen

Nasal Bone
Hands, Limbs, Nasal Triangle Integrity, Bladder, Stomach & Umbilical Arteries
Ductus Venosus Waveform

Normal waveform Pattern

Vessels	S/D	RI	PI	PI Percentile	Remarks
Right Uterine Artery	2.38	0.58	0.94	3.5%	No early Diastolic notch seen
Left Uterine Artery	2.6	0.62	1.08	8.8%	No early Diastolic notch seen
Mean Uterine Artery			1.01	6%	Normal
Ductus venosus	2.34	0.57	0.68		PSV=32.67 Normal waveform Pattern

0.4 % (1 in 227)

Chance of developing FGR before 37 weeks:

ASHESH SONOGRAPHY DIAGNOSTIC CLINIC



Dr. Deepak Bhalekar
Consultant Radiologist
(M.B.B.S., D.M.R.D.)

Risk From History Only

Trisomy 21:	1 in 667
Trisomy 18:	1 in 1667
Trisomy 13:	1 in 5000

Risk From History Plus NT, FHR (Fetal medicine by UK)

1 in 3333
1 in 3333
1 in 10000

First trimester: Pre Ultrasound Maternal age risk for Trisomy21 is 1 in 695

T21 Risk From - NT 1 in 4088

Preeclampsia risk From (fetalmedicine.org UK)

History only	History plus MAP, UTPI
< 37 weeks: 1 in 400	< 37 weeks: 1 in 909

Recommendation

The risk of preeclampsia was assessed by a combination of maternal characteristics and medical history with measurements of blood pressure and blood flow to the uterus.

On the basis of this assessment the patient has been classified as being at low risk for developing PE before 37 weeks. Nevertheless, it is recommended that the risk is reassessed at 20 and 36 weeks.

CONCLUSION:

- SINGLE LIVE INTRAUTERINE FETUS OF 13 WEEKS 3 DAYS +/- 1 WEEKS 1 DAYS IS PRESENT.
- PLEASE CORRELATE WITH DUAL/TRIPLE MARKER TEST.

Suggested Anomaly scan at 19 weeks: 07/07/2025 ± 2 days

This report is not valid for medicolegal purpose.

Please note that all anomalies cannot be detected all the times due to various technical and circumstantial reasons like gestation period, fetal position, quantity of liquor etc. The present study cannot completely confirm presence or absence of any or all the congenital anomalies in the fetus which may be detected on post-natal period. Growth parameters mentioned herein are based on International Data and may vary from Indian standards. Date of delivery (at 40 weeks) is calculated as per the present sonographic growth of fetus and may not correspond with period of gestation by L.M.P. or by actual date of delivery. As with any other diagnostic modality, the present study should be correlated with clinical features for proper management. Except in cases of Fetal Demise or Missed Abortion, sonography at 20-22 weeks should always be advised for better fetal evaluation and also for base line study for future reference.

I, Dr. DEEPAK BHALEKAR declare that while conducting sonography on Mrs. PRIYANKA KUSHWAH, I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

Dr. DEEPAK BHALEKAR
CONSULTANT RADIOLOGIST
REG NO: MP-14655