



### Anomaly Scan

Shaili Verma

Date of birth:

26 August 2002

Referring doctor:

Dr. Madhulika Pandey

Patient Id:

3325

Hospital Id:

2515515

SCAN ON 11 July 2025

Last period 28 February 2025 - Cycle: regular - LMP sure

Conception: spontaneous

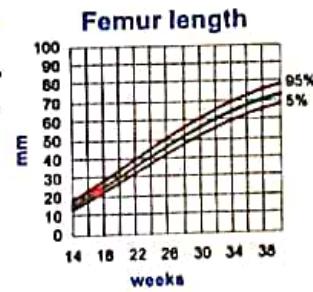
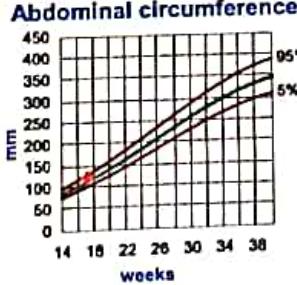
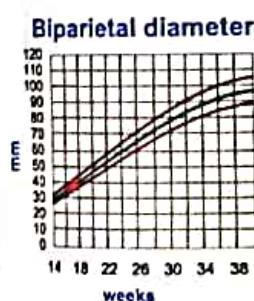
	Gestational age	EDD
Last period	19 weeks + 0 day(s)	05 December 2025
US	17 weeks + 1 day(s) by CRL	18 December 2025

Indication

Routine, Anomaly Scan

USS FINDINGS Number of fetuses: 1  
transabdominal scan, View: good.

Examination Date	BPD	HC	FL	AC	EFW-Warsof (BPD-AC)
11 July 2025	38.8 mm	139.0 mm	23.4 mm	121.7 mm	213 g
	17 w + 1 d	17 w + 2 d	17 w + 1 d	17 w + 6 d	17 w + 5 d



#### Biometry / Anatomy

BPD 38.8 mm	17 w + 1 d
OFD 49.7 mm	17 w + 2 d
HC 139.0 mm	17 w + 1 d
CM 3.7 mm	17 w + 6 d
TCD 18.0 mm	17 w + 5 d
Ventricular atrium 5.3 mm	
TAD 38.8 mm	

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APAD	38.7 mm	
AC	121.7 mm	
Humerus	25.5 mm	
FL	23.4 mm	
BPD / OFD	0.78	
HC/AC	1.14	
BPD / FL	1.66	
Estimated fetal weight	Warsof (BPD-AC)	
	213 g	
	7 oz	
	Centile 85.3	
Fetal heart activity	visualised	
Fetal movements	normal	
Fetal heart rate	159 bpm	
Presentation	breech	
Placenta site	posterior, Placenta grade Grannum 0	
Amniotic fluid	normal	
Cord	3 vessels	
head	normal skull shape	
brain	hemispheres, ventricles mid-brain and posterior fossa appear normal	
face	Vp left 5.0 mm	
	no facial cleft and the eyes, nose and mandible appear normal	
	Left ear 10.0 mm	
	Right ear 10.0 mm	
spine	Nasal bone 4.0 mm	
neck/Skin	Prenasal thickness 2.5 mm	
	no spina bifida or kyphoscoliosis	
	no skin oedema or cystic hygroma	
Thorax	Nuchal fold thickness 4.1 mm	
Heart	thorax and lungs appear normal	
	normal 4-chamber view	
	normal outflow tracts	
	normal 3-vessel view	
	normal 3-vessel trachea view	
Abdominal Wall	normal situs/laterality	
GIT	no abdominal wall defect	
Urinary tract	stomach and GIT appear normal	
	kidneys and bladder appear normal	
Extremities	L.Pelvis A-P 1.4 mm	
	R.Pelvis A-P 1.5 mm	
	hands, feet, arms, legs and joints appear normal	



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## Doppler ultrasound

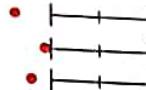
### Uterine artery

PI left 0.530

PI right 0.710

Mean PI 0.620

Notch no notch



### Ductus Venosus

A-wave positive

PIV 0.59

## Cervical assessment

Cervix length 32.0 mm

Funnelling no

## Diagnosis

No obvious fetal defects

Normal uterine artery Doppler and cervical length

Low lying placenta

## Comments

The pregnancy has been redated from the CRL of early pregnancy scan done elsewhere. The corrected EDD is 18/12/2025. The biometry of today's scan corresponds with the same.

Fetal growth and amniotic fluid are normal.

There are no obvious structural defects or significant markers for chromosomal abnormalities.

Fetal cardiac scan showed a normally connected heart with no obvious defects and normal flow patterns.

The uterine artery Doppler and cervical length are normal. The placenta is on the posterior wall of the uterus and the lower edge is 23 mm away from the internal os (Low lying placenta).

## Counselling:

As the mother has not had any first trimester screening for chromosomal abnormalities, the mother has the option of Quadruple test for risk assessment.

The definitive test to ascertain the fetal chromosomes at this stage is an invasive test (amniocentesis), which carries procedure related risk of miscarriage of about 1 in 300.

## Recommendations:

- Rescan after 4 weeks for fetal echocardiography

## Please note:

1. All anomalies cannot be ruled out on ultrasound due to technical limitations, maternal factors like amount of liquor, maternal habitus, previous scar, advanced gestational age etc. and fetal conditions like multiple pregnancies, fetal positions, late appearance of few anomalies etc.
2. Absence of anomaly on ultrasound scan does not absolutely rule out the possibility of having one.
3. For detailed evaluation of fetal heart, advanced fetal echocardiography study is required.
4. All chromosomal abnormalities can not be identified on the ultrasound. The definitive test to ascertain the fetal chromosomes at this stage is an invasive test, which carries procedure related risk of miscarriage of about 1 in 300.

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CIN NO.: U85100UP2020PTC128218

*Aditi*  
I, Dr. Aditi Agarwal, declare that while conducting ultrasonography / image scanning on Mrs. Shaili, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Dr. Aditi Agarwal,  
MD, DNB,  
Fellowship in Fetal Medicine

Dr. ADITI AGARWAL  
MBBS, MD, DNB (OBG & Gynae)  
Fellowship: Fetal Medicine (BFMS)  
Consultant: Fetal Medicine  
UPMC 87152

Please note:

1. For Appointment please call on 09779405048 (Monday to Saturday timing -10:30 am to 5 pm)
2. Please take prior appointment before coming
3. Please bring all previous medical records, doctor's prescription and patient's valid ID proof

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