(4) Mrs. Anshul Jain

Age- 26 Y/F

Quadruple Markers

DOB - 2/9/1999

CMP - 16/2/2025

Hight - 5 "4"

weight - 71 Kg

Co- Mrs. Shivani

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TEST REPORT

Reg. No : D140725/170 AGE : 25 YEARS Date: 14.07.2025
NAME : MRS. ANSHUL JAIN SEX : F

REF. BY. : DR. MANSI GULATI TYPED BY – ASHISH TIWARI

USG OBSTETRICS WITH TARGETED IMAGING FORFOETAL ANOMALIES

-Suboptimal scan due to patient excessive anterior abdominal wall fat.
- NT scan is not done by the patient.

Single live intrauterine fetus with **cephalic** presentation is seen at the time of examination.

Liquor is adequate in amount.

Cervical length – 3.9 cm.

The cardiac pulsations and fetal movements are well seen.

The fetal heart rate is = 154 b/minute.

The approximate gestational age is as follows:

PARAMETER	MEASUREMENT IN CM	WEEKS	DAYS
BPD	5.40	22	3
HC	20.85	23	0
AC	17.86	22	5
FL	3.99	22	6
TIB	3.59	23	4
FIB	3.53	23	1
HL	3.83	23	4
RAD	3.22	23	1
ULNA	3.59	24	1
CEREB	2.45	22	3

Cephalic index = WNL.

Placenta– Anterior wall, upper and mid uterine segment , Grade-I.

The internal OS and cervical canal are unremarkable.

Bilateral Uterine Arteries Are Showing Normal Wave Form And Doppler Indices. Diastolic Noteh Is Absent. (Right uterine artery PI- 0.8, Left uterine artery PI – 1.0

Mean uterine PI – 0.9

P.T.

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CT 32 MRI 128 Cardiac CT Scan 4D USG DR X-ray BMD CBCT Endoscopy X-ray Mammography

TEST REPORT

NAME : MRS. ANSHUL JAIN AGE : 25 YEARS SEX : F

TARGATED IMAGING FOR FETAL ANOMALIES

Aneuploidy Markers

Nasal Bone: 7.7 mm – Normal.
Nuchal Fold: 5.5 mm - Normal

Fetal Anatomy-

Head:-
Cisterna magna Midline falx seen. Both lateral ventricles appeared normal. Posterior fossa appeared normal. No identifiable intracranial lesion seen. Cavum septum pellucidum is normal.

Neck:-
Fetal neck appeared normal.

Spine:-
Entire spine visualized in longitudinal and transverse axis.
Vertebrae and spinal canal appeared normal

Face:-
Fetal face seen in the coronal and profile views.Both orbits, nose and mouth appeared normal.

Thorax:-
Both lungs seen. No evidence of pleural or pericardial effusion. No evidence of SOL in the thorax.

Heart:-
Heart appears in the mid position. Normal cardiac situs. Four chamber view normal. Outflow tracts appeared normal.

Abdomen:-
Abdominal situs appeared normal. Stomach and bowel appeared normal. Normal bowel pattern appropriate for the gestation seen. No evidence of ascites. Abdominal wall intact.

KUB:-
Right and Left kidneys appeared normal. Bladder appeared normal

Extremities:-
All fetal long bones visualized and appear normal for the period of gestation. Both feet appeared normal

P.T.O.

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TEST REPORT

NAME : MRS. ANSHUL JAIN

AGE : 25 YEARS

SEX : F

Aneuploidy Soft markers:	
Ventriculomegaly -	Absent
Absent or hypoplastic NB -	Absent
ARSA -	Absent
Echogenic bowel -	Absent
Intracardiac echogenic focus -	Absent
Mild hydronephrosis -	Absent
Short femur	Absent
Increased nuchal fold -	Absent

Estimated foetal weight is **535 Gms -/+ 78 gms.**

GA(AUA) - **23 wks + 01 days**
EDD (AUA) - **09.11.2025**

GA (LMP) - 21 wks + 01 days
EDD(LMP) - 23.11.2025

IMPRESSION:- -Suboptimal scan due to patient excessive anterior abdominal wall fat.

- **Single live intrauterine pregnancy in cephalic presentation is seen at the time of examination of 23 weeks + 01 days.EDD – 09.11.2025**
- **2 weeks discrepancy between USG and LMP parameters.**

Advise – Quadruple marker correlation and follow up.

(All measurement including foetal weight is subject to statistical variation. Fetal echo is not done.)

Note: - I declare that while conducting USG, I have neither detected nor disclosed the sex of her fetus to any body in any manner.

(It must be noted that detailed fetal anomaly may not always visible due to technical difficulties related to gestational age, fetal position, amniotic fluid volume, fetal movements and abdominal wall thickness. Therefore all fetal anomalies may not necessarily be detected at every examination. Fetal anomalies that may not be apparent by 20-24 weeks gestation are some forms of hydrocephalus, micro-cephalus, some cardiac defects, hirschsprung disease, micro-ophthalmia, gastrointestinal obstruction, polycystic renal dysplasia, hydronephrosis heterozygous achondroplasia). Assessment of small body-parts like finger, toes & ears does not come within the scope of the targeted anomaly scan. Fetal echo is not included in this scan. Study of genital organs is prohibited by PCPNDT act; detection of their anomalies is not feasible.

Note: - Ideclare that while conducting USG, I have neither detected nor disclosed the sex of her fetus to any body in any manner.

Thanks for the reference.
With regards

Dr. Girish Verma
M.D., D.M.R.D.
Consultant Radiologist

Dr. Suraj Kabra
MBBS, D.N.B.
Consultant Radiologist

Dr. Abhishek Das
MBBS., MD.
Consultant Radiologist

Dr. Ram Roshan
MBBS, D.M.R.D.DNB
Consultant Radiologist

These reports are for assisting doctors, physicians in their treatment and not for medico legal purpose and should be related clinically.

Radiological interpretations are merely opinion and the final diagnosis as they are based on available auto generated/imaging finding. Theses opinions should be correlated with clinical & further evaluation may be sought when ever considered appropriate Condition of Reporting: It is presumed that the specimen belongs to the patient named in the test request form.