X-Ray
graphy
our Doppler

Dr. Wagh Diagnostic Clinic
Dr. Sachin Wagh
Consulting Radiologist & Sonologist

FETAL STRUCTURAL SURVEY :

Head : Flax is midline. Both lateral ventricles appear non-dilated.
Cerebellum & Cisterna Magna are normal.

Neck : No cystic or solid lesion is seen in or around the neck.

Spine : Seen in longitudinal & transverse axis. Vertebrae & spine canal appears normal.
No e/o open neural tube defect/protrusion is seen.

Face : Fetal face is seen in coronal & profile views.
Both orbits, nose & mouth appeared normal. No e/o of facial cleft.

Thorax : Normal situs. Four chamber view is seen.
Fetal heart reveals Right ventricular tiny echogenic focus - isolated insignificant finding.
Both lungs are seen. No e/o pleural/peri cardiac effusion. No e/o SOL in Thorax.

Abdomen : Normal situs. Stomach & bowels appeared normal. No e/o abdominal wall defect/ascites.
Normal bowel pattern appropriated for gestational age is seen.

Urinary tract : Bladder is distended & normal. Both Kidneys are normal.

Limbs : Fetal both upper & lower limbs appeared normal.
All the digits may not always be seen due to positional abnormalities.

SOFT MARKERS FOR ANUEPLOIDY (SECOND TRIMESTER) :

MARKERS	FINDINGS
MAJOR STRUCTURAL DEFECTS	ABSENT
NUCHAL FOLD THICKNESS	NORMAL
ECHOGENIC BOWEL	ABSENT
SHORT HUMERUS	ABSENT

MARKERS	FINDINGS
SHORT FEMUR	ABSENT
ECHOGENIC INTRA CARDIAC FOCUS	**PRESENT**
CHOROID PLEXUS CYST	ABSENT
SINGLE UMBILICAL ARTERY	ABSENT

OPINION : SINGLE LIVE INTRA-UTERINE FOETUS OF 23 WEEKS 2 DAYS IN UNSTABLE LIE.

SUGGEST F/U.

(SUGGEST F/U AT 26 - 28 WKS TO RULE OUT DELAYED ONSET ANOMALIES & FOR GROWTH SCAN).
(All congenital anomalies may not be detected on sonography. *Detail Fetal 2D Echo Recommended for detail Cardiac evaluation*)
(This sonography is not done to determine the gender of the foetus.
I have neither detected nor disclosed the gender of the foetus to the patient or any other person, in any form.)
(Please note : Ultrasonographic findings and their normalcy is subject to many variables. Possibility of a false negative/false positive exists with any imaging modality including USG. Diagnostic discretion is recommended. Above USG report is subject to findings evident at the time of scan.
This modality has its own limitations & should be considered as a professional opinion. Clinical correlation is advised to arrive at a diagnosis.
Fetal MRI is recommended for detail Fetal evaluation & exclude all anomalies)

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