



BDC
Bundelkhand Diagnostic Centre

CF Scan, MRI, USG, X-Ray and Pathology

Imaging
Beyond
Imagination



PT. NAME MRS.PREETI KORI

AGE/SEX- 24 YRS/F

REF DR.RUBY REJA

DATE- 28.07.2025

ULTRASOUND FOR FETAL WELL BEING

TWIN Pregnancy: Monochorionic Diamniotic twin pregnancy with single placenta lying anteriorly

FETUS A: MATERNAL LEFT

CLINICAL DATA: EDD 1st trimester dating scan : 10.12.2025

GA by 1st dating scan : 20 WK 6 D

OBSERVATIONS:

Real time B - mode trans-abdominal scan shows single intrauterine gestation.

Presentation – Variable

Cardiac activity – Normal. FHR – 153 BPM.

Foetal movements are present.

Placenta is Anterior

Its inferior edge is away from internal OS.

Retro-placental spaces – Normal.

Liquor adequate. Internal OS closed. Cervical length is 4 cm.

Normal three vessel umbilical cord seen.

Foetal Biometry

BPD - 5.24 cm corresponding to 21 wks 6 days.

HC - 18.85 cm corresponding to 21 wks 1 days.

AC - 16.21 cm corresponding to 21 wks 2 days.

FL - 3.18 cm corresponding to 19 wks 6 days

EFW - 375 gms \pm 55 gms.

GA by USG - 20 WKS 4 DAYS

(P.T.O)

अण्ड डायग्नोस्टिक सेन्टर

कॉलेज के बाजू में, तिली रोड़ सागर (म.प्र.)

2911100, 07582921100

**Emergency
Services 24x7**

The Scan Behind The Cure

24 घंटे एंबुलेंस सुविधा उपलब्ध | समर्पित रेडियालॉजिस्ट टीम

Anomaly scan

Head & Neck - Mid line falx seen. Cavum septum pellucidum appear normal.
Both lateral ventricles (4.73 mm) & choroid plexuses appear normal.
 No identifiable pathological intra-cranial lesion seen. No e/o CP cyst.
Cisterna magna measures 5.56 mm. nuchal thickness measures 2.77 mm. TCD measures 20.6 mm.

Face & orbit - Both orbits appear normal. No obvious facial cleft is seen.

Spine - Three primary ossification centres seen in entire length.
 Vertebrae and spinal canal appear normal.
 No evidence of open neural tube defect.

Thorax - Both lungs appear normal. Normal cardiac situs.
 Four chambers view appear normal.
 No e/o echogenic focus.
 No evidence of pleural / peri-cardial effusion.

Abdomen - Normal abdominal situs. Stomach bubble is seen.
 No evidence of ascites. Umbilical cord insertion appears normal.

KUB - Both kidneys and bladder appear normal. No e/o pyelectasis.

MSK - Limbs are unremarkable. No e/o clenched fist. Visualization of fingers and toes are attempted. Possibility of small defects of fingers and toes

IMPRESSION –

- **Monochorionic diamniotic twin intrauterine, live fetuses with fetal biometry of fetus A corresponding to average age of 20 weeks 4 days (fetus -A)**
- **No obvious significant anomaly is seen in this study.**

ULTRASOUND FOR FETAL WELL BEING ((TWIN PREGNANCY))

TWIN Pregnancy: Monochorionic Diamniotic twin pregnancy with single placenta lying anteriorly

FETUS B : MATERNAL RIGHT

CLINICAL DATA: EDD 1st trimester dating scan : 10.12.2025

GA by 1st dating scan : 20 WK 6 D

OBSERVATIONS:

Real time B - mode trans-abdominal scan shows single intrauterine gestation.

Presentation – Variable

Cardiac activity – Normal. FHR – 146 BPM.

Foetal movements are present.

Placenta is Anterior

Its inferior edge is away from internal OS.

Retro-placental spaces – Normal.

Liquor 'adequate. Internal OS closed. Cervical length is 4 cm.

Normal three vessel umbilical cord seen.

Foetal Biometry

BPD - 4.98 cm corresponding to 21 wks 1 days.

HC - 17.65 cm corresponding to 20 wks 1 days.

AC - 15.35 cm corresponding to 20 wks 4 days.

FL - 3.24 cm corresponding to 20 wks 1 days.

EFW - 348 gms \pm 51 gms.

GA by USG - 20 WKS 5 DAYS

EDD by USG – 10.12.2025

Anomaly scan

Head & Neck - Mid line falx seen. Cavum septum pellucidum appear normal.
Both lateral ventricles (6.08 mm) & choroid plexuses appear normal.
 No identifiable pathological intra-cranial lesion seen. No e/o CP cyst.
Cisterna magna measures 7.58 mm. nuchal thickness measures 2.69 mm. TCD measures 20.5 mm.

Face & orbit - Both orbits appear normal. No obvious facial cleft is seen.

Spine - Three primary ossification centres seen in entire length.
 Vertebrae and spinal canal appear normal.
 No evidence of open neural tube defect.

Thorax - Both lungs appear normal. Normal cardiac situs.
 Four chambers view appear normal.
 No e/o echogenic focus.
 No evidence of pleural / peri-cardial effusion.

Abdomen - Normal abdominal situs. Stomach bubble is seen.
 No evidence of ascites. Umbilical cord insertion appears normal.

KUB - Both kidneys and bladder appear normal. No e/o pyelectasis.

MSK - Limbs are unremarkable. No e/o clenched fist. Visualization of fingers and toes are attempted. Possibility of small defects of fingers and toes cannot be ruled out.

Uterine arteries

PI value of right uterine artery – 1.06 (WNL)

PI value of left uterine artery- 0.88 (WNL)

**IMPRESSION –**

- Monochorionic diamniotic twin intrauterine live pregnancy with fetal biometry of fetus A corresponding to average gestational age of 20 weeks 4 days
- Fetal biometry corresponds to average gestational age of 20 weeks 5 days for Fetus-B.
- No obvious significant anomaly is seen in this study.

Adv: Quadruple marker test, Fetal echo at 24 weeks.

I DR. SUKRATI SHRIVASTAVA declare that while conducting ultrasonography on MRS PREETI KORI, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Please note :

It must be noted that detailed fetal anatomy may not always be clear due to technical difficulties related to fetal position/ movements, amniotic fluid volume tissue echogenicity & maternal abdominal wall thickness, Therefore, all fetal anomalies may not necessarily be detected at every examination. Digits and earlobe examinations is not a part of routine anomaly scan. Fetal echo is done separately for cardiac anomalies.

Normal target scan does not completely rule out all abnormalities. Fetus is growing structure with changing status so internal scanning with other modalities are needed for continuous evaluation. Many anomalies like soft palate defect, TOF are poorly detected by ultrasound or other modalities. Therefore, A normal target scan still have risk of 2- 3 anomalous fetus per 1000 scans.

All abnormalities and genetic syndromes cannot be ruled out by ultrasound examination. Ultrasound examination has its own limitations. Some abnormalities evolve as the gestation's advances. The detection rate of abnormalities depends on gestational age of fetus fetal position, tissue penetration of sound waves and patients body habitus.

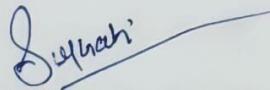
Ultrasound scanning cannot detect all fetal anomalies. Even though this scan has been performed as per current international guidelines for fetal imaging, certain anomalies go undetected due to technical limitations, maternal body habitus, unfavourable fetal positions or subnormal amount of liquor. This report is not valid for any medicolegal aspect. The fetal cardiac anomalies are detected by fetal echo only.

Please note: This is a risk assessment only and chromosomal abnormalities cannot be diagnosed by ultrasound and or blood test. The only way to know the chromosomal makeup of the fetuses is by invasive techniques.

Result from the Target screening test represent risk not diagnostic outcome. Increased risk in screening test does not mean that the baby is affected and only warrants further test for diagnosis.

A low risk does not exclude the possibility of chromosomal abnormalities as the risk does not detect all the affected pregnancy.

DR. SUKRATI SHRIVASTAVA
MBBS,MD
CONSULTANT (RADIOLOGIST)
REG.NO.-MP-24445



DR. SUKRATI SHRIVASTAVA (MD)
Consultant Radiologist
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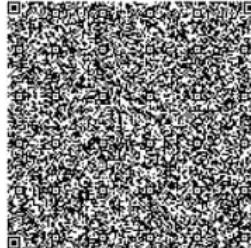


भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0852/30375/51033

To
प्रीति कोरी
Priti Kori
C/O: Gourav Kori,
dhaniram ka bagicha,
subedar ward no.039 (m corp.) sagar,
VTC: Sagar,
PO: Sagar City,
Sub District: Sagar,
District: Sagar,
State: Madhya Pradesh,
PIN Code: 470002,
Mobile: 9302872312



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Date: 2024-05-10 14:34:03
GMT+05:30

आपका आधार क्रमांक / Your Aadhaar No. :

6293 8115 2959

VID : 9167 6871 0833 5641

मेरा आधार, मेरी पहचान



भारत सरकार

Government of India



Aadhaar no. issued: 02/03/2013



प्रीति कोरी
Priti Kori
जन्म तिथि/DOB: 08/06/1999
महिला/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

Details as on 09/10/2024



पता:
द्वारा: गौरा
मध्य प्रदेश
Address:
C/O: G
subeda
PO: Sa
Madhy

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मेरा आधार, मेरी पहचान





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सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस **आधार** पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या www.uidai.gov.in पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- **आधार** विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को **आधार** के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार **आधार** में अपडेट कराना चाहिए।
- **आधार** विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- **आधार** में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- **आधार** सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
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- **आधार** की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
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- Keep your mobile number and email id updated in Aadhaar.
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- Entities seeking Aadhaar are obligated to seek consent.



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Unique Identification Authority of India

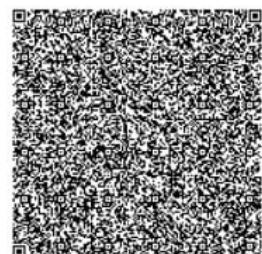


पता:

द्वारा: गौरव कोरी, धनीराम का बगीचा, सुवेदार वॉर्ड नं.039
(एम कॉर्प.) सागर, सागर, सागर जिला, सागर,
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P.O: Sagar City, DIST: Sagar,
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