

NAME : MRS. SHITAL JIJABA KARDILE	DATE : 01/08/2025
REF BY : DR. BIJAL MISTRY	AGE : 27Y/F

**ANOMALY SCAN**

**Findings: -**

LMP :	15/03/2025
GA (LMP) : 19 W 6 D	EDD (LMP) : 20 /12/2025
GA (USG) : 19 W 5 D	EDD (USG) : 21/12/2025

A single live intrauterine gestation is seen in changing lie.  
Fetal cardiac activity is present, 144 bpm/Regular rhythm.  
Spontaneous fetal movements are present. Foetal tone good.  
Liquor is adequate. Single deepest pocket measures 5 cm.  
Placenta is anterior, not low lying and safely away from internal OS.  
Internal os is closed. Cervical length – Adequate.

**Fetal Examination-**

**Head-**

Bony calvarium appears normal. Cerebrum and cerebellum appear normal.  
Trans-cerebellar diameter is normal. Cisterna magna diameter is normal.  
**A 5.8 x 5 mm sized cystic structure is seen behind the cerebellar vermis and within cistern magna consistent with Blake pouch cyst.**  
Midline falx seen and appears normal. Cavum septum pellucidum seen and appears normal.  
Bilateral lateral ventricles appear normal. Choroid plexus seen and appears normal.

**Face:-**

Both orbits and inter-orbital distance is normal. Nasal bone seen and appears normal.  
Lips, palate and mandible seen and appear normal. No evidence of cleft lip or cleft palate noted.

**Neck & Spine-**

No evidence of cystic/solid lesion noted around the neck. No evidence of neural tube defect seen.

**Lungs-**

Both lungs appears normal without obvious focal lesion. No evidence of pleural effusion seen. No evidence of herniation of bowel loops/stomach within the lungs.

( I declare that during the examination, I have neither detected nor disclosed the sex of the foetus to any body in any manner  
Nor all anomalies can be detected on sonography depending upon various factor like gestational age, fetal position, amount of liquor,  
maternal abdominal wall thickness, patient co-operation etc.)

I declare that by undergoing ultrasonography / image scanning etc. I do not want to know the sex of my foetus.  
माझी करण्यात येणारी सोनोग्राफी ही गर्भलिंग निदानासाठी नाही याची मला जाणीव आहे. यासाठी मी स्वच्छेने संमती देत आहे.  
Signature / Thumb impression of pregnant women.

*Shital*

**Heart-** This is basic fetal heart study. For detailed fetal cardiac evaluation fetal ECHO at 22-24 weeks is recommended.

Cardiac situs and cardio-thoracic ratio is normal.

Four chamber cardiac view seen and appears normal. RVOT seen and appears normal  
LVOT seen and appears normal.

**Abdomen-**

Fundic bubble is seen. Domes of diaphragm appear normal.

Gall bladder is seen and appears normal.

Bilateral kidneys appear normal in size and position. Urinary bladder appears normal.

**Limbs-**

Upper limbs – humerus, radius, ulna seen and appears normal.

Lower limbs – femur, tibia, fibula seen and appear normal.

Finger counting could not be done due to clenched fist formed.

**Umbilical cord-** Shows 3 vessels, 2 arteries and one vein.

No gross congenital anomalies detected in the visualized foetal parts.

**Growth Parameters-**

BPD	46 mm	20 wks	0 day
HC	173 mm	19 wks	6 days
AC	142 mm	19 wks	4 days
FL	30 mm	19 wks	4 days
Average GA	19 Wks 5 days		
EFW	303 gms	+/- 45 gms	

**Second Trimester risk assessment of Trisomy 21**

Intracardiac echogenic focus	Absent
Mild hydronephrosis	Absent
Short femur	Absent
Choroid Plexus Cyst	Absent
Echogenic bowel	Absent
Increased Nuchal fold	Absent
Absent or hypoplastic nasal bone	Absent
Ventriculomegaly	Absent

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### IMPRESSION-

- SINGLE LIVE INTRAUTERINE GESTATION OF MEAN GESTATION AGE 19 WEEKS 5 DAY IN CHANGING LIE.
- SMALL BLAKE POUCH CYST AS DESCRIBED ABOVE.
- INTERVAL GROWTH IS ADEQUATE.
- NO GROSS CONGENITAL ANOMALIES DETECTED IN THE VISUALIZED FOETAL PARTS FOR CORRESPONDING GESTATION.

Suggest : 2D Fetal ECHO at 22-24 weeks for detailed cardiac evaluation and follow-up for evolving anomalies if any as clinically indicated.

Declaration of doctor(s): I DR ROHANKUMAR SADAR

Declare that while conducting ultrasonography. I have neither detected nor disclosed the sex of the foetus to anybody in any manner.

DR ROHANKUMAR SADAR  
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