



Patient Name	: Mrs. PAYAL SUDHIR CHAUDHARI	Age/Sex	: 22 Years/Female
Ref. By	: Dr. JAYSHRI V. RATHI	Date	: 04-Aug-25

OBSTETRIC LEVEL II SCAN / TIFFA SCAN/ANOMALY SCAN

CLINICAL : LMP 24-Mar-25 GA LMP 19 weeks 0 days EDD 29-Dec-25

A single live intrauterine fetus.

Fetal cardiac activity and fetal movements appear normal.

Fetal gestational parameters are

Survey		Data	
FETUS	Single live	LMP	24-Mar-25
PRESENTATION	Variable	GESTATIONAL AGE BY LMP	19 weeks 0 days
LIE	Transverse lie	GESTATIONAL AGE BY USG	18weeks, 1days+10 days
PLACENTA	Posterior Not Low lying	EDD/LMP	29-Dec-25
LIQUOR	Adequate	APPROX FETAL WEIGHT	230 gms + 34 gms
	SLP : cm, AFI : cm	FHR	152 BPM
CERVICAL LENGTH	3.5cm, IOS closed		

	Measurement	GA	Percentile	Graph
Biparietal Diameter	4.19 cm	18 weeks 5 days	36.70 %	
Head Circumference	14.90 cm	18 weeks 0 days	6.50 %	
Abdominal Circumference	12.96 cm	18 weeks 3 days	26.90 %	
Femur Length	2.66 cm	18 weeks 0 days	13.90 %	
Average Ultrasound Age	18 weeks 1 days	04-Jan-26		
Estimated Weight	230 g	18 weeks 1 days	11.60 %	
FHR	151 bpm			

Fetal Anatomy

Fetal Head:

- ✓ Atria of the lateral ventricle - 6.8mm (Normal).
- ✓ Cisterna magna - 3.5mm (Normal).
- ✓ Transcerebellar diameter - 1.9cm. Cerebellum appears normal.
- ✓ Falx seen. Cavum septum pellucidum and cavum vergae seen.
- ✓ Shape of Skull - Normal
- ✓ Skull bone density - Normal

P.T.O

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✦ 3D/4D/5D Sonography ✦ Colour Doppler ✦ Digital X-Ray ✦ Image Guided Interventions

CT SCAN FACILITY :

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◆ **Fetal Face**

- ✓ Nasal bone -Ossified. Length - 6mm
- ✓ Frontal bossing - Not seen
- ✓ Depressed nasal bridge - Not seen
- ✓ Fronto maxillary angle - Normal
- ✓ Orbits - Visualized.
- ✓ No facial cleft.

◆ **Fetal Neck**

- ✓ Nuchal fold thickness - Normal (2.2 mm)

◆ **Fetal Chest:**

- ✓ 4 chamber view is seen.
- ✓ No evidence of echogenic intracardiac focus seen.
- ✓ Cardiac axis appears normal.
- ✓ Outflow tracts imaged.
- ✓ Three vessel view seen.
- ✓ Foramen ovale / flap visualized.
- ✓ Cardiac evaluation is limited.

◆ **Fetal Abdomen**

- ✓ Situs solitus maintained.
- ✓ Stomach bubble visualized.
- ✓ Fetal both kidneys are visualized.
- ✓ Fetal urinary bladder appear normal
- ✓ Parietal wall appears intact
- ✓ Bowel - Normal caliber. No fluid

◆ **Umbilical cord** - Three vessel cord seen. No cord around fetal neck.

◆ **Fetal spine:** Smooth curvature of the spine including lumbo sacral segments visualized. To the extent visualized no major deficit or cystically dilated structure visualized. No abnormal scoliosis or deformity appreciated.

◆ **Long bones** of upper and lower extremities grossly appear normal. No evidence of CTEV.

MATERNAL UTERINE ARTERY DOPPLER SCREENING

UTERINE ARTERY	PI	NOTCH	REMARKS
RIGHT SIDE	2	No notch	Mean PI more than 95th percentile.
LEFT SIDE	1.7	No notch	

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GENETIC MARKER SCREENING

FINDINGS	REMARKS
Mega cisterna magna	NO
Ventriculomegaly.	NO
Three vessel cord	YES
Nasal bone ossification.	YES
Nuchal fold thickness	NORMAL
Choroid plexus cyst	NO
Proximal limb length shortening	NO
Pelviectasis.	NO
Echogenic Bowel	NO
Echogenic cardiac focus	NO

IMPRESSION:

- Single live intrauterine fetus of average gestational age corresponding to 18 weeks, 1 days \pm 10days.
- No gross soft markers / structural anatomical defects detected.
- Fetal growth is appropriate for gestational age.
- Bilateral uterine artery Doppler screening reveals mean PI more than 95th percentile - needs close follow up for PIH.
- Apriori risk is 1 in 1110

Note- Patient identity is based on her own declaration and investigation done as per request of referral doctor. Not all fetal anomalies are diagnosed on ultrasound and there is significant variability in sensitivity of ultrasound for detection of fetal anomalies. Few anomalies are evolving anomalies may not be seen until later in your pregnancy. Under some circumstances a normal ultrasound finding may be interpreted as an anomaly. Counting of fingers, toes and assesment of external ears is not a part of routine anomaly scan and depends on fetal position and amniotic fluid volume. The quality of the scan image also depends on many factors, including the position of baby, amniotic fluid volume, fetal movemets and maternal abdominal wall thickness. Multiple pregnancy may also cause difficulties in ultrasound examination due to fetal position and overlap. Fetal echocardiography is suggested at 22-24 weeks for better fetal heart evaluation.

Suggest Follow up.

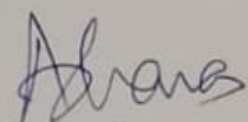
Dr.Amita Dhawas, declare that while conducting ultrasonography on Mrs.Payal Chaudhari, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

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