PCPNDT Reg. No. 643
Time : 10 am to 3 pm
6 pm to 9 pm

Global Diagnostics
Sonography & Digital X Ray

Dr. Shoaib (Soyaf) Fazlani
MBBS GMC, NAGPUR, MD Radiology (TMMC (Gen Medicine))
DNB - Radiology - (NBE) Delhi Ex. Asst. Professor GMC, Nagpur
Ex. Consultant Radiologist - Wadia Hospital Mumbai, Nagpur
Consultant Radiologist & Sonologist

Dr. Fiza Banu Fazlani
MBBS, DMRE, BCFRG
Ex Intern GMC, Nagpur
Consultant Radiologist & Sonologist
Reg. No. 2020/03/3160

Add. : Shop No. G-7, Ground Floor, Anjuman Complex, Near Khan Pathology Opp. Governor Kothi, Main Road, Sadar Bridge Pillar No. 37, Nagpur. Contact No. : 70837 50781

Name: MRS. NAVNEET KAUR	Age/Sex: 32 YEARS/ F
Referred by: Dr. SWATI BHAVE MBBS MD	Date: 09 Aug 2025

FETAL ECHOCARDIOGRAPHY WITH COLOR DOPPLER STUDY

LMP - 13/03/2025 GA BY LMP - 21 WEEKS 2 DAYS EDD BY LMP- 18/12/2025

Fetal echocardiography was done at - 21 weeks of gestation using B-mode, M Mode, Color Doppler & pulse Doppler modes.

Fetal heart rate = 141 bpm, regular.

M-mode shows 1:1 contraction of the atria & ventricles

The cardiac situs is normal. The cardiac axis is normal

SVC and IVC drain into the right atrium.

Pulmonary veins drain into the left atrium.

Atleast 2 pulmonary veins were noted draining into the left atrium.

There is atrio-ventricular & ventriculo-arterial concordance is seen.

2 atria & inter-atrial septum are present.

Foramen ovale noted with the right to left shunt.

2 ventricles approximately equal in size. 3.7 mm sized intracardiac echogenic focus is seen in left ventricle.

Inter-ventricular septum appears intact.

LVOT, RVOT seen &appear normal. Crossing of the LVOT & RVOT seen.

Ductus arteriosus noted.

The mitral and tricuspid valves appear normal and open and closed normally.

No regurgitation was noted at these valves

Contractility of the ventricles appears normal.

Fetal heart rate & rhythm appears normal

The aortic& pulmonary valves appear normal.

No Regurgitation is noted.

IMPRESSION

- 3.7 mm sized intracardiac echogenic focus is seen in left ventricle – one of the soft tissue marker for fetal trisomy
- Normal rest of fetal 2D ECHO study.

Suggested clinical correlation and follow up evaluation

DISCLAIMER :Not all fetal anatomical abnormalities can be detected on ultrasound examination. The visualization of fetal parts depends on the fetal position, fetal movements and adequacy of liquor. Certain defects may not be visualized during the 2nd trimester. A follow up scan in the early third trimester or late 2nd trimester is advisable. The present study cannot exclude Fetal chromosomal abnormalities, because the ultrasound markers for these may not always be evident. Complex cardiac anomalies (late PAPVD, Small VSDs, ASDs, evolving conditions etc. Lesser gastrointestinal abnormalities, Abnormalities involving hands, feet, ears, soft tissues etc

I, Dr. SHOAIB A FAZLANI declare that while conducting ultrasonography on this patient, I have neither detected nor disclosed the sex of her fetus to anybody in any manner

DR. SHOAIB A FAZLANI
MBBS, MD, DNB, BCFRG
CONSULTANT RADIOLOGIST

Dr. Shoaib Fazlani
MBBS. MD, DNB (Radiology)
Reg. No. 2014/07/3296

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MBBS GMC, NAGPUR MD Radiology LTMMC (Sion Mumbai)
DNB - Radiology (NBE Delhi) Ex. Asst. Professor GMC, Nagpur
Ex. Consultant Radiologist - Midas Hospital, Ramdaspeth, Nagpur
Consultant Radiologist & Sonologist

Dr. Fiza Banu Fazlani
MBBS, DMRE, BCFRG
Ex Trainee GMC, Nagpur
Consultant Radiologist & Sonologist
Reg. No. 2020/03/2389

G-7, Ground Floor, Anjuman Complex, Near Khan Pathology Opp. Governor Kothi, Main Road, Sadar Bridge Pillar No. 37, Nagpur. Contact No. : 70837 50761

DISCLAIMER

- Patient' identity and contact details are based on her own declaration.
- This investigation has been done as per request of the referring doctor.
- In spite of utmost care taken, I measurement are subject to statistical variations.
- If there are no abnormalities found on scan, this is not a guarantee of a healthy child as here is a significant variability in the sensitivity of routine ultrasonography for detection of various fetal anomalies
- Science of ultrasound, Ultrasonography machine and probe, all have their own limitations.
- Even the most sophisticated USG machine can make error in interpreting echoes and has limitations in diagnosing lesions.
- The quality of the ultrasound image also depends on many factors, including the position of the baby, amniotic fluid volume, fetal movements maternal abdominal wall thickness, multiple pregnancy etc
- Ultrasound can be used to diagnose many major fetal anomalies but s diagnosis of ultrasonography is based on various echoes and shadows produced by both normal & abnormal tissues variety of disease process may produce similar echopattern or shadows.
- Disparity in final diagnosis can occur due to technical pitfalls like False Positive and False Negative results. Hence, only the report should not be taken as final diagnosis but should be correlated clinically with /or other investigations. In case of disparity between report and clinical evaluation, second opinion is always advisable before commencing final treatment.
- Some anomalies may not be seen until later in your pregnancy.
- Some anomalies are not detectable by ultrasound.
- For rate of detection of individual anomaly, list of anomalies detected in late pregnancy, and anomalies which cannot be detected on ultrasound the reader is referred to complete document published by MCR which is available on website www.msbiria.org or at this clinic/hospital on demand.
- If any scan reveals a serious problem, your clinician will make you aware of the possible options.
- The ABOVE information provided is as per current literature available

ot all fetal cardiac anomalies can be detected at every examination. Ability to identify heart defects in 2 the pre natal eriod is limited by following factors;

- Early or late gestational age, Structural complexity of the fetal heart & specially abnormal heart, Multiple pregnancy, Frequent fetal and maternal motion, Maternal obesity, Limited or excessive amniotic fluid volume, Fetal position, Maternal abdominal scar tissue.
- Few cardiac anomalies are evolving & may not be present in earlier examination & may be seen in late pregnancy or follow up scans or in neonatal period , Ex. Coarctation of aorta, Hypoplastic left & right heart syndrome, Ebstein's anomaly, Atrial septal defect, Ventricular septal defect, Partial anomalous pulmonary venous connections etc.
- Patent ductus arteriosus and Patent foramen ovale are post natal diagnosis & cannot be diagnosed in prenatal scan.
- The growth chart of same parameter varies as per author/study and should be considered while making clinical diagnosis.
- In population studies the rate of prenatal diagnosis of major congenital heart lesions by screening method is much lower and highly variable by practice and region.

e have read the above information and understand the implications.

Date: 9-Aug-25

e: GLOBAL DIAGNOSTICS, NAGPUR

Ravneetkaur

ature of women undergoing Ultrasound