



न्यु कोहिनुर हॉस्पिटल

मल्टीस्पेशालीटी एवं सोनोग्राफी केंद्र

असोरिया पेट्रोल पंप के पास, बलगांव रोड, अमरावती. मो. 9922286422

NAME: HUMERA FIRDOUS

AGE & SEX: 24 Y / F

DATE: 16/08/2025

REFERRED BY: KOHINOOR HOSPITAL

OBSTETRIC USG (ANOMALY SCAN)

LMP : 23/03/2025	GA :	EDD by LMP : 28/12/2025
GA by Biometry: 19 weeks 3 days	EDD by Biometry : 07/01/2026	

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal.

Single intrauterine gestation seen.

Maternal-

The internal os and cervical canal appear closed.

Fetus-

Presentation : Changing lie.

Placenta : Posterior (Grade-II).

Liquor : Adequate (Deepest pocket measuring 5.0 cm).

Umbilical cord : Three vessel cord seen.

Fetal activity : Fetal activity present.

Cardiac activity : Cardiac activity present. FHR- 133 bpm.

FETAL BIOMETRY:

Biparietal Diameter	4.62 cm	20 Weeks	0 Days
Head Circumference	16.61 cm	19 Weeks	2 Days
Abdominal Circumference	14.00 cm	19 Weeks	3 Days
Femur Length	3.17 cm	19 Weeks	6 Days

Average G.A. : 19 WEEKS 3 DAYS
E.F.W. : 301.28 gm.

EDD : 07/01/2026



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Fetal Anatomy:-

Head:

Midline falx and cavum septum pellucidum seen.
Both lateral ventricles appeared normal. Nuchal thickness is normal.
Posterior fossa appeared normal. Cerebellum and cisterna magna appear normal.
Choroid plexus appear normal. No identifiable intracranial lesion seen.

Neck:

No abnormal cystic mass is seen.

Face:

Fetal face seen in the coronal and profile views.
Both orbits, nose and mouth appeared normal.

Spine:

Entire spine visualized in longitudinal and transverse axis.
Vertebrae and spinal canal appeared normal. No e/o neural tube defect is seen.

Thorax and Basic cardiac study:

The heart is normal in position with normal situs.
Normal 4 chamber view and 3 vessel view appear normal.
LVOT and RVOT appear normal.
Fetal heart rate and rhythm are normal. Aortic arch is intact.
Both lungs are seen. No evidence of pleural or pericardial effusion.
No evidence of SOL in the thorax.

Abdomen:

Abdominal situs appeared normal. Stomach and bowel appeared normal.
Normal bowel pattern appropriate for the gestation seen.
No evidence of ascites. Anterior abdominal wall is intact.

Urinary Tract:

Both kidneys and bladder appeared normal.

Extremities:

All fetal long bones visualized and appear normal for the period of gestation.
Both feet appeared normal.

It must be however noted that detailed fetal anatomy may not be always visible due to technical difficulties related to fetal position and movements, amniotic fluid volume and maternal abdominal wall thickness. Therefore, all foetal anomalies may not be necessarily seen at every examination.

Complete Diagnostic Solution

to following condition : This Report is not valid for medico legal purposes. Serological test are know to give false positive or false to the final diagnosis conclusion should not be drawn from these test only. Advanced, Follow up Blood grouping and Rhtyping remain depending up on presence of inter fearing agglutination and Du. Variants inpatient blood and various factor. lab to lab variation sh rate. Subject to correction of typing / Printings and humanly mistakes.



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Colour Doppler Study:

The utero-placental circulation was studied by sampling the uterine arteries bilaterally. They showed normal flow pattern, normal velocities and waveforms. No diastolic notch was seen on either side.

	P.I	
Rt. Uterine Artery	0.84	Normal
Lt. Uterine Artery	0.73	Normal

IMPRESSION:

- Single live intrauterine gestation corresponding to a gestational age of 19 Weeks 3 Days.
 - EDD by present Scan: 07/01/2026
 - Presentation – Changing lie.
 - Placenta – Posterior (Grade-II).
 - Liquor – Adequate (Deepest pocket measuring 5.0 cm).
 - Hypoplastic or absent left nasal bone – Suggest follow up.
- There is no evidence of any other gross sonographically detectable anomaly noted in visualized parts of the fetus at present.
- Uterine arteries show normal colour Doppler study.

Basic fetal cardiac study done, for details fetal echocardiography suggested.
Kindly note small ASD/VSD may not be detected in antenatal scan.

Disclaimer:

*Anomalies of small part like ears, fingers and toes cannot be detected routinely because of unfavorable position to visualize it.
*Minor cardiac defect like small VSDs, mild stenotic lesion, coronary artery anomalies and anomalies that evolve toward later gestation like aortic arch anomalies and those of pulmonary venous drainage may not be always identifiable antenatally.

DECLARATION:

I, DR CHETAN J. DAJJUKA, declare that while conducting ultrasonography scanning on this patient. I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Thanks with regards!


DR. CHETAN J. DAJJUKA
CONSULTANT RADIOLOGIST
DR. CHETAN J. DAJJUKA

MBBS, DMRE

Consultant Sonologist & Radiologist

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Complete Diagnostic Solutions