

275) Mrs Kaulber 38415

Sherman

Quail

Warbler

Height - 5.6 cm.

wt - 69.3 kg.

D.O.B - 13/10/1985

30 SEP 2025

BP 105/65

WT 69.3kg

Pulse 98/min

SpO2 99%

Dr. T. D. S. Williams

100mg Nausea 100mg

100mg 500mg 100mg

100mg 100mg 100mg

2 - bus 400mg 100mg 100mg
300mg

2 - Syt 100mg 100mg 100mg
100mg 100mg 100mg

Adm
Dose 100mg
100mg

Pulse
100
100
100

डॉ. अकिता विजयवर्गीय

बी. बी. एस., डी. एम. आर. डी

आर. आई. फेलोशिप :

नावटी हॉस्पिटल, मुंबई

आ हॉस्पिटल, मुंबई

रेडियोलॉजिस्ट :

ईस हॉस्पिटल, नोएडा

टी. बी. हॉस्पिटल, दिल्ली

सी हॉस्पिटल लिमिटेड, कानपुर

जवाहर लाल नेहरू कैंसर हॉस्पिटल, भोपाल

PATIENT'S NAME : MRS. RADHA

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FMF Certified from

Fetal Medicine Foundation

Reg. No. MP-8932

AGE/SEX : 38Y/F

REF. BY : DR. POOJA SHRIVASTAVA (MBBS, MS)

DATE : 30.09.2025

OBSTETRIC SONOGRAPHY WITH TARGETED FETAL SCAN

Sittings - 1

Total examination time - 35 Min.

LMP : 20.05.2025

GA (LMP) : 19 wk 0 d

EDD : 24.02.2026

Single live fetus seen in the intrauterine cavity in breech presentation.

Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 138 beats /min.

FETAL GROWTH PARAMETERS

BPD	44.3	mm	~	19	wks	3 days of gestation.
HC	163.0	mm	~	19	wks	0 days of gestation.
AC	139.3	mm	~	19	wks	2 days of gestation.
FL	28.0	mm	~	18	wks	4 days of gestation .
HL	27.9	mm	~	19	wks	0 days of gestation .
TCD	20.3	mm	~	19	wks	3 days of gestation.
BOD	29.6	mm	~	19	wks	1 days of gestation.
INF	3.39	mm	--	--	--	--
LV(atria)	6.5	mm	--	--	--	--

Quantity of liquor is adequate. Placenta is placed high ,right antero-lateral (grade I). Cervical length is normal 3.6 cms. Internal OS is closed at present. EDD by USG - 23.02.2026 . EFW - 268 gm +/- 39 gm.

- Baseline screening of both uterine arteries was done & reveals mean PI of ~ 1.96 (High for gestation)Suggests increased chances for PIH / Pre-eclampsia .
- Ductus venosus shows normal spectrum with positive "a" wave (PI ~ 0.51) .

IMPRESSION:

- ↓ Single, live, intrauterine fetus.
- ↓ Fetal size corresponds to 19 weeks 1 days +/- 1 week 2 days .
- ↓ Fetal gross morphology examination within normal limits.

P.T.O

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फोर्टिस हॉस्पिटल, नोएडा

डी. टी. बी. हॉस्पिटल, दिल्ली

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MRS. RADHA

Head:

- Head appears normal in size and shape.
- Cerebral structure appears normal.
- Both Lateral ventricles appear normal. TD at atrium (LVa) measured 6.5 mm. Cavum Septum Pellucidum is seen.
- Cerebellum appears normal. Transverse cerebellar diameter (TCD) measures 20.3 mm.
- Cisterna Magana is Normal in size (4.07 mm) and shape.
- No SOL is seen.

Spine:

- Full length of the vertebral column is visualized in Sagittal, Coronal and transverse planes. Normal alignment of vertebrae was recorded. No obvious defect was visualized.

Neck:

- No cystic lesion is visible around the fetal neck.
- Nuchal skin fold thickness (NF) measured 3.39 mms.

Face:

- Fetal face was visualized in profile and coronal scans.
- Both eyeballs, nose and lips appear normal.
- Nasal bone was well visualized.
- Pre-maxillary triangle appears intact.

Thorax:

- Normal cardiac situs and position.
- Four chambers view and outflow tracts view appear normal. *All cardiac anomalies are out of preview of this study, dedicated Echo is not done & may be suggested for the same.*
- Both lungs were visualized.
- No evidence of pleural or pericardial effusion.
- NO SOL seen in thorax.

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Abdomen :

- Anterior abdominal wall appears intact. Umbilical cord insertion was visualized.
- Normal abdominal situs.
- Fetal liver, gall bladder, stomach and bowel loops appear normal.
- No ascitis.

Urinary Tract :

- Both kidneys appear normal in size. No pelvicalyceal dilatation.
- Urinary bladder appears normal.

Limbs :

- All the four limbs are seen. The long bones appear normal for the period of gestation.
- Both the hands and feet appeared normal. Foot length measures 31.5 mm .

Umb. Cord :

- Cord appears normal and reveals two arteries and one vein.

(It must be noted that detailed fetal anatomy may not always be visible due to technical difficulties related to fetal position, amniotic fluid volume, fetal movements, maternal abdominal wall thickness & tissue ecogenicity. Therefore all fetal anomalies may not be detected at every examination. Patient has been counselled about the capabilities & limitations of this examination.)

(Dr. Ankita Vijayvargiya, declare that while conducting Sonography I have neither detected nor disclosed the sex of the fetus to anybody in any manner.)


(DR. ANKITA VIJAYVARGIYA)