

डॉ. अंकिता विजयवर्गीय

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DR. ANKITA VIJAYVARGIYA MBBS, DMRD

MR. FELLOWSHIP

- KANAKI HOSPITAL, BOMBAY
- HINDIA HOSPITAL, BOMBAY

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- FORTIS HOSPITAL, NOIDA

- G. T. B. HOSPITAL, DELHI

- REGENCY HOSPITAL LTD, KANPUR

- JAWAHAR LAL NEHRU CANCER HOSPITAL, BOMBAY

FMR Certified from
Fetal Medicine Foundation
Reg. No. MF-0992

PATIENT'S NAME : MRS. SHIREESHA

AGE/SEX : 21Y/F

REF. BY : DR. PUJA SINGH (MBBS, DGO)

DATE : 07.10.2025

OBSTETRIC USG (EARLY ANOMALY SCAN)

LMP: 01.07.2025

GA(LMP): 13wk 0d

EDD : 07.04.2026

- Single live fetus seen in the intrauterine cavity in variable presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 162 beats/min
- PLACENTA: is grade I, anterior & not low lying
- LIQUOR: is adequate for the period of gestation.

Fetal morphology for gestation appears normal.

- Cranial ossification appears normal. Midline falx is seen. Choroid plexuses are seen filling the lateral ventricles. No posterior fossa mass seen. Spine is seen as two lines. Overlying skin appears intact.
- No Intrathoracic mass seen. No TR.
- Stomach bubble is seen. Bilateral renal shadows is seen. Anterior abdominal wall appears intact.
- Urinary bladder is seen, appears normal. 3 vessel cord is seen.
- All four limbs with movement are seen. Nasal bone well seen & appears normal. Nuchal translucency measures 2.4 mm (WNL).
- Ductus venosus shows normal flow & spectrum with positive "a" wave (PI = 0.71)

FETAL GROWTH PARAMETERS

• CRL 79.0 mm - 13 wks 6 days of gestation.

- Estimated gestational age is 13 weeks 6 days (+/- 1 week) EDD by USG 08.04.2026
- Internal os closed. Cervical length is WNL (33.5 mm)
- Baseline screening of both uterine arteries was done with mean PI = 1.62 (WNL for gestation).

IMPRESSION:

- Single, live, intrauterine fetus of 13 weeks 6 days +/- 1 week.
- Gross fetal morphology is within normal limits.

Follow up at 19-22 weeks for target scan for detailed fetal anomaly screening.

Declaration: I have neither detected nor disclosed the sex of the fetus to pregnant woman or to anybody. 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 echogenicity. Therefore all fetal anomalies may not be detected at every examination. Patient has been counseled about capabilities & limitations of this examination.

(DR. ANKITA VIJAYVARGIYA)

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DOB 15/1/2004

Hight 5'5"

Wt. 70kg.

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