

Dr. Aspar Alam Laskar

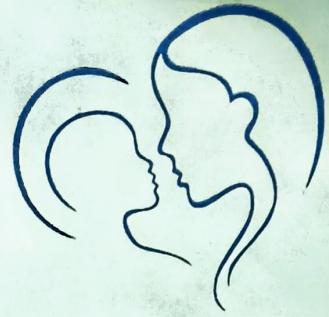
M.B.B.S., DGO, RCOG ASSOCIATE (UK)

OBSTETRICIAN & GYNAECOLOGIST

Senior Medical Officer

S.M. DEV HOSPITAL, SILCHAR

Consultant City Maternity Nursing Home, Rangirkhuri, Silchar
 Consultant & Visiting O & G Specialist Sudipta Nursing Home, Silchar
 Ex-Senior Resident Gynaecologist, SRHC Hospital, Narela, New Delhi
 Ex-Senior Resident Gynaecologist, DDU Hospital, Harinagar, New Delhi
 Ex-Consultant Gynaecologist, Valley Hospital, Silchar
 Ex-Consultant Gynaecologist, Green View Nursing Home, Silchar
 Ex-Consultant Gynaecologist, Ellora Nursing Home, Silchar



G3P 1 39/87

P 96

Ht 145 cm

Wt 75.0 kg

0/1

MNS Siambu Kabur 28y/F

17/11/25

T2DM + Hypertension + IGT

- Primigravida

Pla. Ut- 18 wks

FBS (++) (P)

Fm (P)

- LMP- 26/June/25

- BOP- 02/April/26

- No complaints

On medication

1. Thyronorm 50+12.5 mg
2. Ij Butugyne 6 units 4 times daily
3. Pub City control SR 500 mg

TT₁ & TT₂ ✓

1. Tch. Ecoscan 7P (P) + abd scan
2. Tch. Santrol 5g (P) + abd scan
3. Tch. Fau 20 (P) + abd scan
4. Tch. Corcium 17 (P) + abd scan
5. Cap. Codoxoft (P) + abd scan

Invest - ANOMALY SCAN (PIXEL, Dr. Pradyut Dabhawat)
 - Triple marker test

CHAMBER

SADHANA MEDICOS

Hospital Road, Silchar - 1

9435174955, 8472811728

Appointment No. : 7086935605

Wed, FRI :- 3 P.M. - 6 P.M.

MEDICARE CLINIC

Gopalganj, Silchar - 1

Mob. : 6000618858

Appointment No. : 7086935605

MON, THURS : 3 P.M. - 6 P.M.

MUNNA MEDICOS

Kalibari Road, Silchar

Mob. : 7002417338

Appointment No. : 7086935605

TUE, SAT : 3 P.M. - 6 P.M.

SILCHAR HEALTH CARE

Meherpur, Opp. Co-operative

Masjid-788015, Silchar

Contact No. : 6001432494

Appointment No. : 7086935605

ONLY EMERGENCY NO.: 7086935605

| | |
|--|-----------------------------|
| Patient Name: MRS. SIANBE KABUI. | Date: 25 Nov 2025 |
| Ref by: Dr. AFSAR ALAM LASKAR. MBBS, DGO (O&G). | Age/Sex: 28 YEARS/ F |

DETAILED OBSTETRIC ULTRASOUND EXAMINATION FOR ANOMALIES

A B-mode real time obstetric scan was performed trans-abdominally.

| Dating | Corrected LMP | GA | EDD |
|--|----------------------|-----------|-------------|
| By LMP | 03 Jul 2025 | 20w5d | 09 Apr 2026 |
| By USG | | 20w6d | 08 Apr 2026 |
| EDD is assigned by (Corrected, 09 Apr 2026) | | | |

Survey

There is a single **live** intrauterine fetus. The fetus shows spontaneous movements and heartbeat with variable presentation.

The Placenta is posterior and of grade I maturity. The umbilical cord contains **three** vessels.

The liquor is adequate.

Fetal heart rate = 163bpm

Cervical region: The cervix measures 40 mm in length. Internal OS is closed.

Single largest Pocket measures 4.1cm.

FETAL PARAMETERS (BIOMETRY):

| | Measurement | Weeks Days | Percentile | Line Chart | Ind.Biometry |
|---------------------|--------------------|-------------------|-------------------|-------------------|---------------------|
| BPD | 48.62 | 20w5d | 49.6 % | + | + |
| HC | 183.67 | 20w5d | 42.9 % | + | + |
| AC | 162.2 | 21w2d | 63.7 % | + | + |
| FL | 33.65 | 20w4d | 35.9 % | + | + |
| Fetal Weight | 387 + - 57 g | | 56% | + | + |

RATIOS:

| | | | |
|-------|------|-------|------|
| FL/AC | 20.7 | HC/AC | 1.13 |
|-------|------|-------|------|

FETAL ANATOMICAL SURVEY:

FETAL HEAD:

Mid line falx seen. Both lateral ventricles are normal (4.8 mm & 6.2 mm). The posterior fossa appear normal. The cerebellum is normal. No identifiable intracranial lesion seen. The cavum septum pellucidum is seen. Cisterna magna normal (3.7 mm). Nuchal fold (3.9 mm).

Nasal Bone : Normally present.

FETAL SPINE:

The fetal spine is variable. Entire spine is visualized in longitudinal and transverse axis.

The vertebrae and spinal canal appear normal.

FACE:

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

THORAX:

The heart appears in mid position. Normal cardiac situs.

The four chamber view is normal. The out flow tracts appeared normal.

The three vessel view is normal. Both lungs seen.

No evidence of pleural or pericardial effusion. No evidence of SOL in the thorax.

ABDOMEN:

Abdominal situs appears normal. Stomach, both kidneys, and bladder are normal.

The portal vein is normal. NO evidence of ascites.

No abdominal wall defect. Two umbilical arteries are seen.

EXTREMITIES:

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

SCREENING OBSTETRIC DOPPLER:

| <u>Vessels</u> | <u>S/D</u> | <u>RI</u> | <u>PI</u> | <u>Percentile</u> | <u>Remarks</u> |
|-----------------------|-------------------|------------------|------------------|--------------------------|-----------------------|
| Right Uterine Artery | 2.29 | 0.56 | 0.93 | 22 | Within Normal Limit |
| Left Uterine Artery | 2.09 | 0.52 | 0.85 | | Within Normal Limit |
| Mean PI | | | 0.89 | | Normal |

| | | |
|---|--|--|
| 1 | Intracardiac Echogenic Focus | Absent |
| 2 | Ventriculomegaly | Absent |
| 3 | Increased Nuchal Fold | Absent |
| 4 | Echogenic Bowel | Absent |
| 5 | Mild Hydronephrosis | Absent |
| 6 | Short Humerus | Absent |
| 7 | Short Femur | Absent |
| 8 | Aberrant Right Subclavian Artery | Absent |
| 9 | Absent or Hypoplastic Nasal Bone | Normal size |
| | Apriori Risk (From Maternal Age): | The Risk for Trisomy 18 (Edward syndrome) ^{1,2} is 1:3420 |
| | Trisomy21 Risk: | The Risk for trisomy 21 (Down syndrome) ^{1,2} is 1:880 |

IMPRESSION:

- A single living intrauterine fetus of 20w6d of gestation.
- The fetus is appropriate for gestational age (AGA fetus), Fetal 387 + - 57 g ,
- No fetal anatomical abnormality was noted for date.
- Mean uterine artery PI is within normal limits.
- The cervix measures 40 mm in length. Internal OS is closed.

Please note:- Even with very detailed ultrasound studies, all fetal abnormalities and genetic syndromes cannot be ruled out as there are many rare conditions for which there are no tests available presently and few of the fetal anomalies / abnormalities especially cardiac anomalies evolve over time as the gestation progresses. Some abnormalities can disappear overtime and their absence in the later scan does not mean they were not present at earlier scans. Fetal anomalies in multiple gestations are especially difficult to evaluate due to fetal position and overlap of fetal parts. Detection rate abnormalities depends on varies factors like gestational age of the fetus at the time of scan, fetal position, amniotic fluid volume, tissue penetration and patient body habitus.

***Fetal echocardiography is modality of choice for diagnosis of complex cardiac anomalies.

Declaration: I, Dr Bidyut Debnath 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.

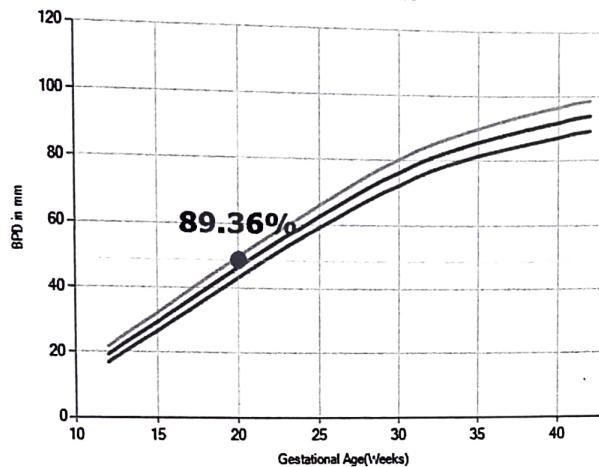


DR. BIDYUT DEBNATH, MD.
CONSULTANT RADIOLOGIST

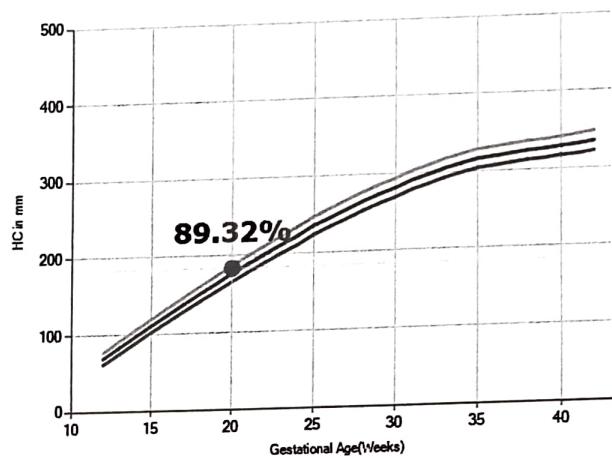
TRAINED IN FETAL MEDICINE & INTERVENTION (Sch MD)

In case of any discrepancy in the report due to printing or machine error, kindly get it rectified immediately.

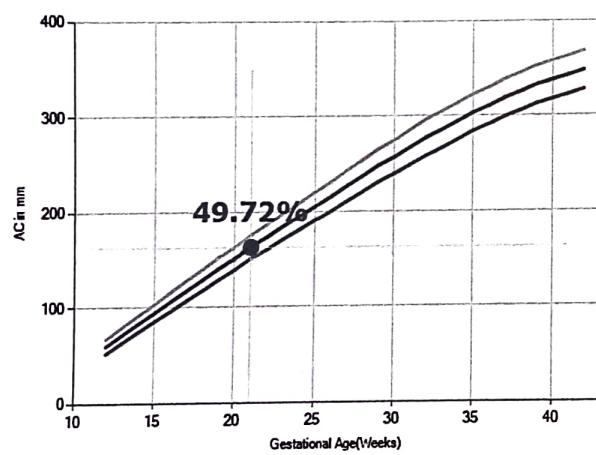
BPD(Indian Biometry)



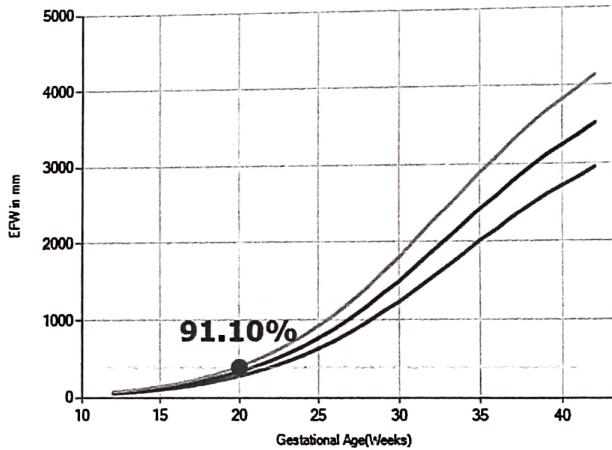
HC(Indian Biometry)



AC(Indian Biometry)



EFW(Indian Biometry)



FL(Indian Biometry)

