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समय : सुबह 11 से रात्रि 8 बजे तक
मो.: 9993456333

Name: Nikita .... Age: 28y ...... Date: 30/ /24

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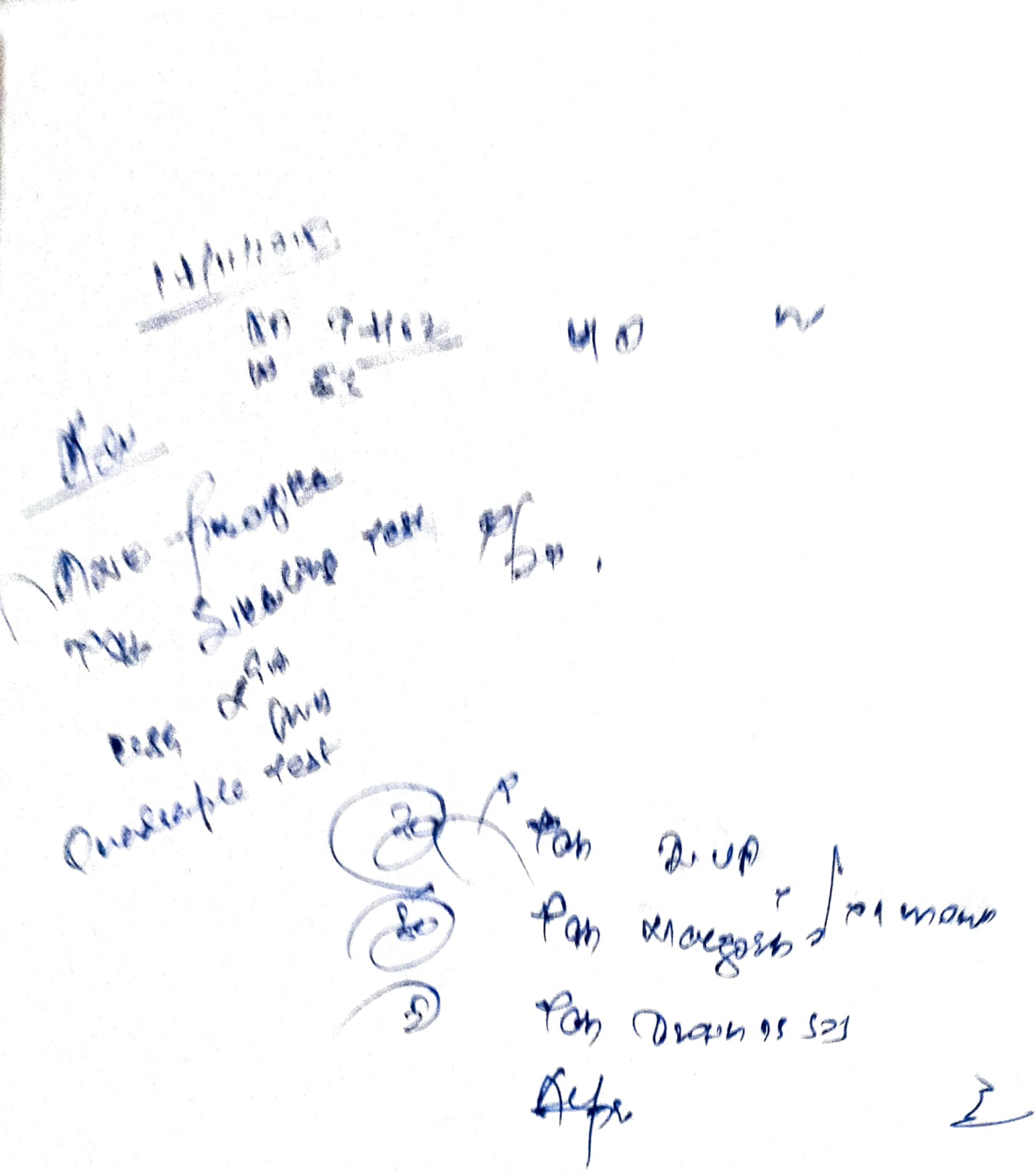
रजि.नं. M.P. 5291

निवास -
HA-172, एलआईसी ऑफिस के पीछे,
न्यू हाउसिंग बोर्ड कॉलोनी, खरगोन (म.प्र.)

अपॉईंटमेंट हेतु कृपया मो.: 9424092333
पर प्रातः 8 से सायं 7 बजे तक संपर्क करें।

रविवार अवकाश



DR.SAIF MALIK
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Ultra Sonography -Colour Doppler -Echo -ECG -Pathology

NAME	Mrs. NIKITA MANDLOI	AGE/SEX	29 Y/F
REF.BY.DR.	MAHENDRA BADOLE (MBBS,MD) SIR	DATE	26/11/2025

ANOMALY SCAN

Relevant clinical details.
L. M. P. = 23/06/2025 Average age = 22 wks 2 days EDD by LMP: 30/03/2026

Patient missed aneuploidy screening tests including dual marker.

FINDINGS.

- Mild dilatation of pelvi-calyceal system is noted bilaterally, with renal pelvis measuring approx. (0.51) cm in anterio-posterior diameter on right side and measuring approx. (0.48)cm in anterio-posterior diameter on left side. There is no associated ureteric dilatation noted. Both kidneys appear normal in shape, size and echotexture. Parenchymal thickness is normal.

- Fetal Urinary System Assessment according to Multidisciplinary Consensus:

US PARAMETERS	RT. KIDNEY MEASURMENT / FINDINGS	LT. KIDNEY MEASURMENT/ FINDINGS
Anterior-Posterior Renal Pelvic Diameter (APRPD)	0.51 (cm)	0.48 (cm)
Calyceal dilation: Central (major calyces) Peripheral (minor calyces)	YES NO	YES NO
Parenchymal thickness	NORMAL	NORMAL
Parenchymal appearance	NORMAL	NORMAL
Ureter	NORMAL-NOT DILATED	NORMAL-NOT DILATED
Bladder	NORMAL	NORMAL

- There is single live intrauterine foetus

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- **The placenta is fundal and posterior,** not low-lying Grade 1. Placental thickness measures approx. 3.24 cm. It has a homogenous echo pattern.

- ***Liquor amnii is normal.***

- Fetal movements & cardiac activity are normal. FHR - 143 BPM, regular.

- ***Brain-***
  - The cranium was assessed for shape, ossification and bony defects. The intracranial anatomic survey included a subjective assessment of symmetry, the falx, cavum septum pellucidum, thalami, cerebellum, cisterna magna, the third ventricle, atrial ventricles and echo pattern of the cerebrum.
  - The width of the atrium of the lateral ventricle is approx. 0.40 cm and is within normal limits.
  - The cerebellar transverse diameter (TCD) is 2.45 cm. The cisterna magna is 0.36 cm deep and normal. The nasal bone is 0.62 cm long & normal. The ocular diameter, binocular distance & intraocular distance are normal. Nuchal fold thickness is 0.29 cm.

- ***Fetal limb movements*** are normal.

- ·***The anatomic survey of the face*** included an assessment of the slope of the forehead, the orbit, eyelids, lens, nasal bone, nasal configuration, upper lip, lower lip, maxilla, mandible, cheek and chin.

- ·***The neck*** was assessed for anterior, posterior or lateral masses.

- ***The spine***, including the osseous components, soft tissue and skin was assessed in longitudinal, coronal and axial sections.

- ·***The thorax*** was assessed for the chest wall, lungs, heart, mediastinal and diaphragm.

- ·***The cardiac survey included cardiac situs, size, rate, rhythm and four-chamber view, out flow tract view and three vessels- tracheal view (Fetal echocardiography suggested for further evaluation)***

- ***The lungs*** were assessed for extent and echogenicity. The mediastinal was evaluated for masses and displacements. The diaphragm and interruptions were looked for.

- ***Anatomical assessment of the abdomen*** included observing visceral situs, the anterior and posterior abdominal wall, filling and emptying of the stomach, bowel echogenicity, size and echogenicity of the liver and spleen, abnormal masses if any, kidney location contour and echogenicity, urinary tract dilatation if any and the urinary bladder in a full and empty phase.

- ***The extremities*** were assessed for the presence of the bones & soft tissue in the proximal, middle and distal segments of both upper and lower limbs.

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- Finger counting was attempted. Movements were surveyed.

	Measurement	Gestational Age
BPD	5.18 cm	21 wks 5 days
OFD	6.87 cm	22 wks 6 days
HC	19.43 cm	21 wks 5 days
AC	16.67 cm	21 wks 5 days
FL	3.73 cm	21 wks 6 days
TIB	3.42 cm	22 wks 5 days
FIB	3.30 cm	22 wks 0 days
HL	3.71 cm	22 wks 6 days
RAD	3.08 cm	21 wks 6 days
Ulna	3.53 cm	23 wks 5 days
Fetal Heart Rate	143 b/m	
EFW (BHAF)	449 gms+/_ 66 gms	

- The internal os is closed. The length of the cervix is approx. 3.11 cm.

- **Fetal Doppler**
  Umbilical artery shows normal waveform pattern with adequate diastolic flow. There is no reduction /absence/reversal of the end-diastolic flow seen during the period of study. Both the **Uterine arteries** shows normal unidirectional waveform pattern. There is no diastolic notch seen and good continuous diastolic flow is seen on either side. **PI of bilateral uterine arteries are 0.71 & 0.89 on right & left side respectively. Mean PI is 0.80 and is normal for gestational age.**

Sr No	2nd Trimester Aneuploidy Markers	
1	Intracardiac Echogenic Focus	Absent
2	Ventriculomegaly	Absent
3	Increased Nuchal Fold	Absent
4	Echogenic Bowel	Absent
5	Mild Hydronephrosis	**Present**
6	Short Humerus	Absent
7	Short Femur	Absent
8	Aberrant Right Subclavian Artery	Absent
9	Absent or Hypoplastic Nasal Bone	Normal size

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Preeclampsia risk From:	
History only	History plus MAP, UTPI
< 32 weeks: 1 in 568	< 32 weeks: 1 in 10000
< 36 weeks: 1 in 103	< 36 weeks: 1 in 10000
Recommendation	
The risk of preeclampsia was assessed by a combination of maternal characteristics and medical history with measurements of blood pressure and blood flow to the uterus. On the basis of this assessment the patient is unlikely to develop PE before 36 weeks. However, it is recommended that the risk for term-PE is assessed at 36 weeks.	

IMPRESSION: Single live intrauterine foetus of average age 21 wks 5 days with bilateral mild pelvi-caliectasis as described.

The association of prominence of pelvi-calyceal system with congenital anomalies and aneuploidies was discussed in detail to the patient and her companion and advised for follow up.

Please correlate clinically.

ADVICE

- **Fetal echocardiography.**
- **Regular ANC care**
- **Follow up USG after 4weeks for fetal growth and to look for late appearing anomaly.**
- **Examination and follow up of the baby after delivery.**

I, Dr. SAIF MALIK declare that while conducting Ultrasonography/image scanning on Mrs. NIKITA MANDLOI, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

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Ultrasound has limitations in detection of Trisomy 21/Down's syndrome.

All measurements including estimated foetal weight are subject to statically variation. No all anomalies can be detected by a sonography examination due to its known limitations and subtle defects may not be seen in all scans. The present study cannot completely confirm 1) absence of any or 2) presence of all congenital anomalies in the foetus which may be detected in the post natal period USG markers for screening of chromosomal anomaly. Investigations have their limitation. Solitary investigations never confirm the final diagnosis of disease. It only helps in diagnosing the disease in correlation to the clinical symptoms. Not all congenital anomalies are detected by ultrasound. Moreover, the anomalies in relation to fetal heart and limbs are extremely difficult due to constantly changing position of the fetus & overlapping of various parts.

Disclaimer: The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate. Hence, findings should always be interpreted in the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medicolegal purposes.

In case of unexpected report/clerical errors, immediately contact the lab.