

UNIQUE DIAGNOSTIC CENTER

Chavan Complex, Ground Floor, Talegaon Road, Shikrapur, Tal. Shirur, Dist. Pune - 412 208.
Contact No. : 7499472678 / 8408003232 E-mail : uniuqereports02@gmail.com

USG OF OBSTETRICS

NAME: MRS. KOMAL SHINDE	AGE / SEX: 26 Y / F
REF. BY: DR. ARCHANA R WANI	DATE: 22/11/2025

LMP	27/06/2025		
GA by assigned EDD	20 Wks. 0 Day	EDD assigned by early USG	10/04/2026
GA by USG	18 Wks. 6 Day	EDD by USG	18/04/2026

Sonography of gravid uterus reveals the presence of a single live fetus in variable presentation.

Active limb and body movements observed.

Fetal heart rate: 148 bpm. Fetal cardiac activity is regular.

Placenta: is anterior right lateral. Grade- I maturity. (Safely away from the internal os)

Not reaching up to the internal os. No previa, placental separation or retroplacental hematoma.

Amniotic fluid: Volume is adequate in present scan. Single vertical pocket- 4 cm.

Internal Os: is closed. Cervical length 3.7 cm.

No loop of cord around the fetal neck in present scan.

Average uterine artery PI-1.0 (Normal)

FOETAL BIOMETRY

Expected fetal weight: (372.34) gm.

Parameter	Measures /cm	Weeks	Days
BPD	4.48	19	4
HC	16.68	19	3
AC	13.02	18	4
FL	2.90	18	6



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ANOMALY SCAN

Suboptimal evaluation due to thick maternal anterior abdominal wall

CNS:

- The ventricular system is normal. Lateral ventricle measures 5.5 mm.
- Trans cerebellar diameter 20.1 mm. (Within normal limit)
- Cisterna magna -4.5 mm. (Within normal limit)
- Nuchal fold-3.4 mm
- Nasal bone seen.
- Visualized cerebrum and cerebellum appears normal.
- No e/o hydrocephalus is seen. Cavum septum pleucidum is seen.
- Posterior fossa structures show normal appearances. No open spinal defect is seen.

Cardiac Structures:

- Heart is seen slightly on right side of midline with cardiac axis towards midline? Dextroposition -(fetal medicine opinion.)
- Stomach bubble is seen on left side below diaphragm.
- 4 Chamber view and 3 vessel view grossly appears normal.
- Pulmonary venous connections not well appreciated on this scan (Needs detailed fetal echo examination)
- No e/o large VSD is seen, though small VSD may not get detected on ultrasound. (Kindly note small ASD's & VSD's may not be detected on sonography. Fetal echo is suggested for complete fetal cardiac evaluation.)

Abdominal structures:

- Fundic bubble appears normal.
- No e/o any diaphragmatic hernia is seen.

Fetal KUB:

- Right renal pelvis is dilated , measures 5.7 mm-S/o pelviectasis.
- Left renal pelvis is normal, measures 2.9 mm.
- Urinary bladder is seen and grossly appears normal.

Limbs:

- Visualized parts of the limbs (upper and lower) show normal appearances (digital anomalies may not always be detected).

Miscellaneous structures:

- Nuchal pad is not thickened. Nasal bone has formed.
- No e/o cleft lip.
- 3 vessel cords visualized.

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Markers of aneuploidy :-

Increased nuchal fold thickness	No
Fetal ventriculomegaly	No
Echogenic intracardiac focus	YES
Choroid plexus cyst	No
Echogenic bowel loops	No
Shortened fetal long bones	No

IMPRESSION -

- **Single, live, intrauterine Fetus in variable presentation in present scan of 18 weeks 6 day (+/- 1 Week 3 days).**
- **Heart is seen slightly on right side of midline with cardiac axis towards midline? Dextroposition -(fetal medicine opinion.)**
- **Pulmonary venous connections not well appreciated on this scan (Needs detailed fetal echo examination)**
- **Echogenic intracardiac focus (Right ventricle).**
- **Right renal pelvis is dilated -S/o pelviectasis.**
- **No any other gross structural congenital anomaly detected in visualised part in present scan.**

ADVISE:

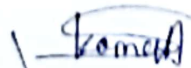
1. **Fetal echo at 24-26 weeks.**
2. **Quadruple marker test (18-22 Week) / follow up USG in 2-3 weeks is advised to evaluate evolving anomalies.**
3. **NIPT/AMNIOCENTESIS/Karyotyping and fetal medicine opinion indicated in case of associated soft markers/ history of previous fetal abnormalities.**

DISCLAIMER:

As per IRIA and ISUOG guidelines, not all fetal anomalies can be detected. Some may appear later, including cardiac (VSD, ASD, hypoplastic left heart, TAPVR, PAPVR, PDA), brain/spine (agenesis of corpus callosum, ventriculomegaly, cerebellar hypoplasia, subtle neural tube defects, occult spina bifida), facial (cleft lip/palate, isolated cleft palate, lateral facial clefts, mild dysmorphism, low-set ears), GI/anorectal (esophageal atresia, tracheoesophageal fistula, duodenal/jejunal atresia, bowel obstruction, anorectal malformations, Hirschsprung disease, imperforate anus, GI fistulas), renal/urinary (renal agenesis, cystic kidneys, obstructive uropathy), limb/soft tissue (polydactyly, syndactyly, small digit/limb anomalies, soft tissue defects), ocular (cataracts, lens/retinal anomalies), and other subtle defects. Assessment of ears, fingers, and toes is not included in the scope of TIFFA. Fetal echocardiography (20-28 wks) and fetal MRI (recommended for detailed evaluation and to exclude all anomalies) may be required. THIS REPORT IS NOT VALID FOR MEDICOLEGAL PURPOSES.

*** I MRS. KOMAL SHINDE, declares that by undergoing ultrasonography/ image scanning etc. I do not want to know the sex of my foetus.**

Signature of pregnant women *



I, DR. PRIYANKA L. ZADE, declare that while conducting ultrasonography/image scanning etc. on MRS. KOMAL SHINDE, I have neither detected nor declared sex of her foetus to anybody in any manner.


DR. PRIYANKA L. ZADE
MBBS DMRE
Dr. Priyanka Zade



श्री स्वापी समर्थ हॉस्पिटल व प्रसुतिगृह
डॉ. सौ. रत्नप्रभा आर. माने

D.H.M.S.C.C.H.

Reg.No.18568

Mob.: 9921791279

नाव : कोमल आकषा शिंदे

वजन . 53.7

उंची . 5."2"

जन्म तारीख = 9/6/2000

