Dr Bidyut Debnath's Pixel DIAGNOSTIC CENTRE
EXCELLENCE IN EVERY DIAGNOSIS

+91 8811911229, +91 8811911257
drbidyutdebnath@gmail.com
Beltola, Meherpur, Near Goswami Filling station
Silchar-788015, Assam

Patient Name: MRS. M JOMICA CHANU.	**Date: 27 Nov 2025**
Ref by: Dr. LAMINA SINGH. DGO (O&G).	**Age/Sex: 31 YEARS/ F**

DETAILED OBSTETRIC ULTRASOUND EXAMINATION FOR ANOMALIES

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

Dating	LMP	GA	EDD
By LMP	10 Jul 2025	20w0d	16 Apr 2026
By USG		18w6d	24 Apr 2026
EDD is assigned by (Corrected, 24 Apr 2026)			

Survey

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

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

The liquor is adequate.

Fetal heart rate = 159bpm

Cervical region: The cervix measures 34 mm in length. Lower margin is 4 cm away from internal os.

Single largest Pocket measures 4 cm.

FETAL PARAMETERS (BIOMETRY):

	Measurement	Weeks Days	Percentile	Line Chart
BPD	42.72	19w0d	11.5 %	
HC	153.84	18w3d	1.1 %	
AC	138.01	19w2d	20.3 %	
FL	28.14	18w4d	6.4 %	
Fetal Weight	262 + - 39 g		5.8 %	

RATIOS:

FL/AC	20.4	HC/AC	1.11

FETAL ANATOMICAL SURVEY:

FETAL HEAD:

Mid line falx seen. Both lateral ventricles are normal (6.1 mm & 5.9 mm). The posterior fossa appear normal. The cerebellum is normal. No identifiable intracranial lesion seen. The cavum septum pellucidum is seen. Cisterna megna normal (3.9 mm). Nuchal fold (2.9 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.

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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:

Vessels	S/D	RI	PI	Percentile	Remarks
Right Uterine Artery	2.48	0.6	1.01	18	Within Normal Limit
Left Uterine Artery	2.02	0.5	0.77		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 1:2460**
	Trisomy21 Risk:	**The Risk for trisomy 21 (Down syndrome)[1,2] is 1:630**

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IMPRESSION:

- **A single living intrauterine fetus of 18w6d of gestation.**
- **The fetus is appropriate for gestational age (AGA fetus), Fetal 262 + - 39 g ,**
- **No fetal anatomical abnormality was noted for date.**
- **Mean uterine artery PI is within normal limits.**
- **The cervix measures 34 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. Detections 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.