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FETAL MEDICINE CENTRE LLP

External ID 1: 008071
Date 03-12-2025

Second Trimester Screening

Patient: **BELOSHE RUCHITA** DOB: 21-11-2000
Katavali,Jawali,Satara
Exam date: 03-12-2025

History — **General History**: Blood group: A, Rh positive. Smoking: no. Height 147 cm, 4 ft 10 in

Method: Transabdominal and transvaginal ultrasound examination. View: Sufficient

Pregnancy: Singleton pregnancy. Number of fetuses: 1

Dating

	Date	Details	Gest. age	EDD
LMP	22-07-2025	Cycle: regular cycle	19 w + 1 d	28-04-2026
U/S	03-12-2025	based upon AC, BPD, Femur, HC	18 w + 5 d	01-05-2026
Agreed dating	**based on ultrasound (CRL)**		**18 w + 3 d**	**03-05-2026**

General Evaluation: **Cardiac activity** present. FHR 150 bpm. **Fetal movements**: visualised. **Presentation**: variable
Placenta: anterior, not low lying
Umbilical cord: 3 vessel cord
Amniotic fluid: Largest pool 4.4 cm

Fetal Biometry

BPD	44.7 mm	19w 4d 89%	APAD	45.6 mm	20w 1d
OFD	53.9 mm	18w 0d 51%	TAD	39.3 mm	18w 1d
HC	155.2 mm	18w 3d 44%	AC	133.5 mm	18w 6d 61%
Cerebellum	18.7 mm	69%	Femur	26.0 mm	17w 6d 25%
tr			Humerus	26.2 mm	29%
Nuchal fold	3.0 mm				

Fetal Weight Calculation:

EFW	240 g	18w 2d 44%	EFW by	Hadlock (BPD-HC-AC-FL)
EFW (lb,oz)	0 lb 8 oz			

Head / Face / Neck Biometry:

Lt Ventricle	5.0 mm		CM	4.6 mm 51%
Rt Ventricle	5.7 mm			
Rt Ear		11.0 mm	Lt Ear	11.0 mm
Nasal bone	5.5 mm			

Urinary Tract Biometry:

Rt Renal pelvis ap	1.7 mm	Lt Renal pelvis ap	1.7 mm

Fetal Anatomy — **The following structures appear normal:**
Cranium.
Brain.
Neck.
Face. Nasal bone.

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Heart.
Thorax.
Abdominal wall.
GI tract.
Urogenital tract.
Spine.
Arms. Legs.

Trisomy 21 Screening

Age: 25 yrs

Echogenic focus: no	**Echogenic bowel**: no	**ARSA**: no
Ventriculomegaly: no	**Mild hydronephrosis**: no	**Nasal bone**: present
Nuchal fold: normal	**Short femur**: no	

Background risk at time of screening 1 in 1,119
Adjusted risk at time of screening 1 in 3,022
The adjusted risk for Down syndrome based on Genetic Ultrasound (intracardiac echogenic focus, ventriculomegaly, nuchal fold, echogenic bowel, mild hydronephrosis, short femur, ARSA, nasal bone)

Fetal Doppler

Ductus Venosus:		
PIV	0.70	

Maternal Doppler

Right uterine artery:		
PI	0.94	59%
Left uterine artery:		
PI	0.92	57%
Mean PI	0.93	58%

Maternal Structures

Cervix Approach - Transvaginal: Cervical length 36.0 mm

Impression

Many thanks for referral
Referred by Dr. Kaware Mam(Civil Hos.)
Blood Group- A RH Positive
Non-consanguineous couple
Primigravida
Natural Conception
Missed NT scan and double marker
Referred for Early Anomaly Scan

H/O PETS in HOUSE

On Today's scan
This is first scan with us
Single gestation corresponding to a gestational age of 18 Weeks 3 Days
Gestational age assigned as per the CRL of early pregnancy scan. **Corrected EDD - 03/05/2026.**
Today's growth agrees to the corrected EDD
Presentation - Variable

No soft markers or obvious structural abnormalities seen in the imaged organs for the period of gestation.

Amniotic fluid - Normal
The uterine artery Doppler and cervical length are normal.
The placenta is anterior, not low lying.

I have counselled the couple that:

1. In view of missed double marker, Following options explained :

a. Quadruple marker

b. Non-invasive prenatal screening which has a detection rate of 99.5% for aneuploidy esp. Trisomy 21

c. Definitive test to assess fetal chromosomes is by invasive testing which carries a procedure related risk of miscarriage of 1 in 500.

2. In view toxoplasmosis IgG and IgM positive:
Advised

a. IgG , IgM advidity testing from reference lab

b. Infectious disease expert opinion

c. Tab. Spiramycin to be started till then

3. This is an early gestation to do a detailed structural check, rescan at 21-22 weeks for the routine anomaly scan.

Disclaimer/ Declaration

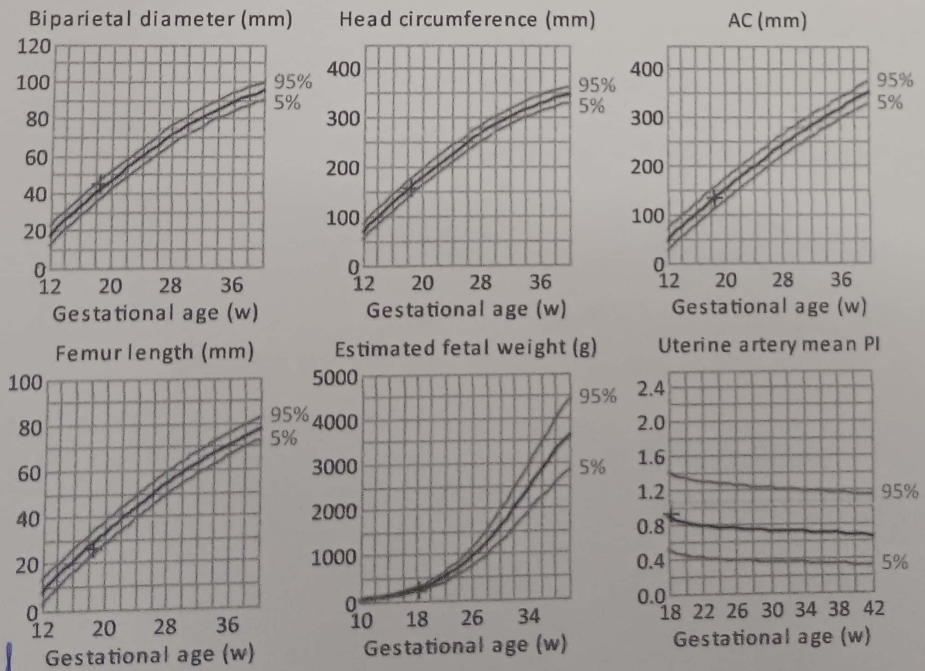
1) All anomalies cannot be ruled out on ultrasound due to technical limitations. Maternal factors like habitus, previous surgical scar, fetal conditions like multiple pregnancies, position, advanced gestational age, evolving abnormalities in some systems, amount of liquor etc. can limit the study of fetal anatomy.

2)Absence of an anomaly on ultrasound does not absolutely rule out the possibility of having one, especially functional abnormalities.

3)The opinion reported is based on the study of the pregnancy with the information provided and data generated by the computer and machine. Clinical correlation is required for deciding the treatment plan.

4)For detailed evaluation of fetal heart, a separate advanced fetal echo study is required. Please note: Atrial septal defects, small ventricular septal defects, patent ductus arteriosus, and mild stenosis of the valves cannot be excluded on an antenatal scan.

I, Dr. Milind Rasiklal Shah declare that while conducting ultrasonography/image scanning on the patient MRS. RUCHITA BELOSHE ,I have neither detected nor disclosed the sex of her fetus to anybody in any manner.



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