

Ritu Bhaskar 20/F.

Height - 4.7

Weight - 46 kg

ANUSHKA DIAGNOSTICS

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Reg. No.: CGMC-3232/2010



Dr. Chitrangi P. Barpande
Consultant Pathologist
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NAME : MRS.RITU BHASKAR
REF. BY : DR.C.P.BARPANDE,MBBS,M.D.

AGE : 20 YEARS/F

VISIT NO : 1
DATE: 17-11-2025

Foetal Spine:

- Entire spine is visualized in longitudinal axis.
- No Evidence Of Apparent Splaying Of Posterior Vertebral Elements.
- No evidence of Excursion Of Meninges Seen.

Foetal Brain:

- No Evidence Of Intra Or Extra-Axial SOL Seen.
- No Evidence Of Midline Shift Seen. No Evidence Of Ventriculomegaly Seen.
- Cavum Septum Pellucidum, Posterior Fossa And Cerebral Cortex Appears Normal in Size shape and ossification of skull appears normal.

Foetal Abdomen:

- Fetal Stomach Bubble Is Seen. Foetal Kidneys & Bladder Appears Normal. Visualization of gastric bubble does not rule out oesophageal atresia.
- No Evidence of major anterior abdominal wall defect seen.
- Anorectal Malformation Detection Rate By Antenatal Ultrasound Ranges From 0 To 33 %.

Fetal Heart:

- Normal Cardiac Situs, cardiac axis.
- No e/o of large VSD seen though small VSD may not get detected on ultrasound and serial examinations are needed.
- Four Chamber View Of Heart Appears Normal (Basic Evaluation) With Absence Of Chamber Size Discordance.
- LVOT AND RVOT views appears normal.
- Partial Anomalous Venous Connection Could Not Be Ruled Out.
- Detailed fetal ECHO is beyond the scope of this study and advised at 26 weeks of gestation.
- ARSA (Aberrant right Subclavian artery) ultrasound marker is not assessed in present scan due to technical limitations.

Fetal Face - Limited Evaluation Includes:

- Nose Mouth View,
- Orbital Plane And Facial Profile.

- Detection Rate For Isolated Cleft Lip And Palate On Antenatal Ultrasound Is Approx. 12 Percent. Hence Isolated Cleft Lip And Cleft Palate Could Not Be Ruled Out On Ultrasound And Post Natal Evaluation Is Needed(Ref :April 2002 The Cleft Palate-Craniofacial Journal 39(2):169-73 DOI:10.1597/1545-1569(2002)039<0169:PDOCLA>2.0.CO;2

- There Is No E/O Fetal Ascites Or Pleural Effusion. Visualized Fetal Limbs Appear Flexed In Position With Limited Evaluation(Finger And Toe Counting Is Beyond The Scope Of This Study).CTEV Of Postural Origin And Transient CTEV could not be ruled out. Evaluation Of Fetal Pinna Is Not A Part Of Examination..

- Not All The Congenital Anomalies Can Be Detected Sonographically Certain Anomalies Are Developmental And Serial Ultrasound Scans Are Warranted. If No Abnormalities Are Found On Ultrasound Scan, This Is Not A Guarantee Of A Healthy Child As There Is A Significant Variability In The Sensitivity Of Routine Ultrasonography For Detection Of Various Fetal Anomalies.





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- Ultrasound soft markers for aneuploidy:

Ultrasound marker	Present or absent
1. Echogenic intra-cardiac focus	absent
2. Mild pyelectasis	absent
3. Short femur	absent
4. Echogenic bowel	absent
5. Increased nuchal fold thickness	absent
6. Absent nasal bone(non-ossified nasal bone)	absent
7. Ventriculomegaly	absent
8. Choroid plexus cyst	absent

- Presence Of Soft Marker Increases The Risk Of Chromosomal Abnormality But Does Not Confirm It.
- Absence Of Soft Marker Decreases Risk Of Chromosomal Abnormality But Does Not Rule Out Chromosomal Abnormality.
- The risk of preeclampsia was assessed by a combination of maternal characteristics and medical history with measurements of blood flow to the uterus(Uterine artery mean PI).
- 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 :

- Live Intrauterine foetus In Breech Presentation Is Seen At The Time Of Examination Of 19 Weeks 3 Days.
- Single Umbilical Artery Seen.
- Persistent Yolk Sac.

Initial Trisomy 21 Risk Based On Maternal Age	1/1200	Low risk
Estimated Risk Of Trisomy 21 modified By The Selected Ultrasound Markers	1/4500	Low risk

- Adv-Quadruple Test/ Follow up/ fetal ECHO at 26 weeks.

I DR. PRASHANT S. BARPANDE DECLARE THAT WHILE CONDUCTING THE SONOGRAPHY OF PATIENT NAME-MRS. RITU BHASKAR, I HAVE NOT DISCLOSED THE SEX OF FETUS TO ANYBODY IN ANY MANNER.



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Disclaimer- Not all the congenital anomalies of foetus are detectable by ultrasound and serial follows ups and further serological evaluation/chromosomal markers are required and same is explained in local language to the patient and relative .Detection of fetal anomalies is dependent on fetal position, fetal movements, maternal obesity etc. and is explained beforehand.



Shot by HARSH

और सीरियल फॉलोअप द्वारा पता नहीं लगाया जा सकता है और आगे सीरोलॉजिकल मूल्यांकन / क्रोमोसोमल मार्करों की आवश्यकता होती है और इसे स्थानीय भाषा में रोगी और रिश्तेदार को स्पष्ट किया है। ज्ञान की विप्राप्ति का पाता ज्ञान की विप्राप्ति, ज्ञान की विप्राप्ति

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LMP-04/06/2025 | GA By LMP | 23 Weeks 5 days

- Indication: Anomaly Scan-For Chromosomal Anomaly And Fetal Well Being.
- Technical conditions: Limited By Increased Maternal Body Habitus And Unfavourable Fetal Position. Hence Follow Up Scan Are Advised.

ANC SONOGRAM (2ND TRIMESTER-MORPHOLOGY/ANOMALY SCAN)

- Live Intrauterine Foetus With Breech Presentation Is Seen At The Time Of Examination.
- Fetal Spine : Posterior.
- Foetal Cardiac Activity And Movements Are Adequate.
- Liquor : Is Adequate In Amount, Single deepest pocket- 4.5 cm(normal: 2-8 cm).
- Placenta – Posterior, with lower end of placenta is approx.- 2.3 cm away from internal os of cervix with moderately filled maternal urinary bladder.
- Cervix-3.0 cm, internal os closed. No Evidence Of Funnelling Seen .

Foetal Biometry :

Foetal Heart Rate Is :	149	b/min Regular.
BPD	4.2	cm Corresponds To : 18 Weeks 6 Days.
HC	16.2	cm Corresponds To : 19 Weeks 0 Days.
AC	14.5	cm Corresponds To : 19 Weeks 6 Days.
FL	3.1	cm Corresponds To : 19 Weeks 4 Days.
Average Ultrasound Age Is :	19	Weeks 3 Days
Expected Date Of Delivery By USG :	07/04/2026	± 10 Days.
Estimated Foetal Weight Is :	305	gms. ± 46 g.

- Cord Doppler: - . Cord Doppler Shows Indices Within Normal Limits. **Single Umbilical Artery Seen.**
- MCA Doppler : - Fetal MCA Doppler Shows Indices Within Normal Limits.
- Bilateral Uterine Arteries Are Showing Normal Wave Form And Doppler Indices. Diastolic Notch Is Absent.

Lateral ventricle	5.7	mm
Cerebellum (TCD)	19.3	mm
Cistern magna	6.3	mm
Nuchal fold thickness	3.0	mm
IOD	11.0	mm
Nasal bone	7.6	mm

