

13/12/25

① Mrs. Dhopadi Sahay
Age - 23 Yrs

Quadruple Marker

DOB - 16/11/2002

CMP - 19/4/2025

Height - 5 Feet

Weight - 46 Kgs



श्री डायग्नोस्टिक सेन्टर

MIRACLE COMPLEX, BUS STAND, DURG (C.G.) PH. : 0788-4040925, Mob. : 6260752008

PT.'S NAME : MRS. DROPATI SAHU
 AGE/SEX : 23 Y/FEMALE
 REF BY : DR. MANASI GULATI
 DATE : 13.12.2025
 REG. NO. : 245513
 REPORT PREPARED BY: P.K. REENA

USG OBSTETRICS WITH ANOMALY SCAN

NT scan has not be done for the patient.

LMP: 19.07.2025.

- Single live intrauterine foetus with Cephalic Presentation is seen at the time of examination.
- Liquor is adequate in amount.
- Cervical length: 3.0 cm.
- Foetal movements are identified and foetal heart is positive.

Foetal Biometry :

Foetal Heart Rates :		132	B/Min. Regular.			
BPD Measures :	4.91	cm. Corresponds To :	20	Weeks	6	Days.
HC Measures :	18.26	cm. Corresponds To :	20	Weeks	5	Days.
AC Measures :	14.48	cm. Corresponds To :	19	Weeks	6	Days.
FL Measures :	3.49	cm. Corresponds To :	21	Weeks	0	Days.
TIB Measures :	3.05	cm. Corresponds To :	21	Weeks	2	Days.
FIB Measures :	2.96	cm. Corresponds To :	20	Weeks	4	Days.
HL Measures :	3.30	cm. Corresponds To :	21	Weeks	1	Days.
RAD Measures :	2.64	cm. Corresponds To :	19	Weeks	6	Days.
ULNA Measures :	3.06	cm. Corresponds To :	21	Weeks	3	Days.
CEREB Measures :	2.06	cm. Corresponds To :	19	Weeks	5	Days.
Average Ultrasound Age Is	20	Weeks	4	Days.		
Expected Date Of Delivery By Ultrasound:	28.04.2026					
Expected Date Of Delivery By LMP :	25.04.2026					
Estimated Foetal Weight Is	352	Gms. ±	51	Gms.		

- Placenta:** Anterior, Grade-I. Lower margin of placenta is 3.3 cm away from the internal os.
- Ductus venosus reveals normal flow & spectral waveform.
- Bilateral uterine arteries show normal wave form and PI.

P.T.O.



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IMPRESSION:

- Single live intrauterine foetus with Cephalic presentation is seen at the time of examination, which corresponds to gestational age 20 Weeks, 4 Days. EDD- 28.04.2026 +/- 10 Days.
- No obvious congenital anomaly detected.

Fetal echo is advised for dedicated evaluation of fetal heart (22-24 weeks).

Suggest clinical & Quadruple markers correlation.

Disclaimer:

This is only a professional opinion and not the final diagnosis and should be correlated with clinical and other parameters-Triple / Quadruple Markers .Please note that ultrasound study has certain limitations. Some times fetal anomalies may not get diagnosed due to nature of anomaly, appearance of anomaly, gestational age, fetal positioning, maternal abdominal obesity, other technical parameters including limitations of machine, thence absence of mention of fetal anomaly in the study does not always rule out its possibility. Not all anomalies can be detected on sonography. Fetal limb anomalies are not always detectable due to fetal position. Follow up scanning and second opinion are always advisable. For detection of cardiac anomaly foetal echography is necessary. Ear anomalies cannot be detected. Some anomalies like congenital diaphragmatic hernia, club foot, evolving cardiovascular and CNS anomalies etc may develop at a later stage & certain abnormalities such as anorectal and bowel atresia, tracheo-esophageal anomalies, small ventricular septal defect (VSD) may not be picked up at 19-20 weeks-Needs dedicated fetal echo is advised & ASD etc may not be picked up in mid- trimester scan. Fetal anomalies that may not be apparent by 20-24 weeks of gestation are some forms of hydrocephalus, microcephrosis,heterozygous, achondroplasia. Assessment of small body parts like fingers, toes and ears does not come within the scope of targeted anomaly scan. Study of genital organs is prohibited by PCPNDT act- detection of their anomalies is not feasible.

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