



# INDUMATI

## NETRALAYA, SONOGRAPHY CENTER



Opp. Devaj Hotel, Behind Tirupati Traders, Shivaji Nagar, Ambedkar Chowk, Sillod. Mob. 09172910953

Name: Mrs. ANITA SAHIL PANPATIL

Age: 19 Y

Sex: F

Date: 12-Dec-2025

Study: OBSTETRICS

Ref By: Dr. ARCHANA G SAPKAL MBBS

AB - mode real time obstetric scan was performed.

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### GENERAL SCAN

LMP-24/07/2025. Gestational age by LMP-20 wks 1 day .EDD by LMP-30/04/2026.

There is single gestational sac with a single fetus. The fetus shows spontaneous movements and heartbeat. The lie is changing.

The placenta is Fundo posterior.

The liquor is adequate (Single deepest pocket -3.7 cm . )

The umbilical cord contains 3 vessels.

Fetal heart rate = 148 bpm

### CERVICAL REGION :

The cervix- 3.9 cm.

Fetal body parameters are as follows:-

BPD: - 4.5 cm = 19 Wks 4 day	FL: - 2.8 cm = 18 Wks 6 days
AC: - 13.3cm = 18 Wks 6 days	HC: -15.9 cm =18 Wks 6 days
HL: - 2.6 cm = 18 Wks 3 days	UL: - 2.4 cm = 18 Wks 5 days
TL: - 2.6 cm =19 Wks 2 days	FuL: - 2.5 cm = 19 Wks 2 days
RL: - 2.3cm = 18 Wks 4 days	Approximate fetal weight is - 261 Gms
Nuchal thickness is- 4.3 mm.	
Uterine Artery	Rt
	PI
	0.80
Lt	PI
	0.73

### ESTIMATED GESTATIONAL AGE :

Estimated gestational age ( assigned as per averaging of HC and FL) = +/19 weeks.

USG- EDD assigned as per ( HC and FL ) + 08/05/2026. +/- 2 weeks

Estimated fetal weight =261 gms.

PTO



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### FETAL ANATOMICAL SURVEY

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#### BRAIN:

Cerebrum - Seen appears normal'

Midline flax - Seen appears normal, Cavum septum - Seen appears normal

Ventricles - Seen appears normal , Atrial diameter - within normal limits

Cerebellar hemisphere - Seen appears normal

Cistern Magna - Seen appears normal

Choroid Plexi - Seen with e/o 12 x 7 mm & 6.9x 5.1 mm anechoic cystic lesions are seen in right & left choroid plexus resp.

No identifiable intra - cranical lesion noted.

Neck: - Seen appearss normal

No cystic lesion seen around the neck.

#### Face :

Nasal bone - Seen - Present

Nose - Seen - Appears normal

Ears - Seen - Present

Orbits - Seen - Appears normal

Lips - Seen - Appears normal

Palate - Seen - Appears normal

Mandible - Seen - Appears normal

Spine : - Seen - Appears normal

Lungs : - Seen - Appears normal

#### LIMBS :

Upper limbs : humerus, radius , ulna - Seen - Appear normal

Hands - Present

Fingers not assesed all time due to position & clenched fist .

Lower limbs : femus , tibia , fibula - Seen - Appear normal

Feet - Present

No club foot

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## HEART :

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Normal cardia situs

Cardiac Axis	- within normal limits
4 -Chamber view	- Seen - Appears normal
RVOT	- Seen - Appears normal
LOVT	- Seen - Appears normal
The SVC, right atrium IVS	- Seen - Appears normal
Inter ventricular septum	- Seen - Appears normal
Ductus arteriosus	- Seen - Appears normal

## ABDOMEN :

Abdominal situs	- Appear normal
Stomach	- Seen - Appears normal
Bowels	- Seen - Appears normal
Gallbladder	- Seen - Appears normal
Right kidney	- Seen - Appears normal
Left kidney	- Seen - Appears normal
Urinary bladder	- Seen - Appears normal
Umbilical cord insertion	- Seen - Appears normal

## 2 nd TRIMESTER RISK ASSESSMENT OF TRISOMY 21 :

Intracardiac echogenic focus	Marker is absent
Mild hydronephrosis	Marker is absent
Short femur	Marker is absent
Short humerus	Marker is absent
Echogenic bowel	Marker is absent
Increased nuchal fold	Marker is absent
Absent or hypoplastic nasal bone	Marker is absent
Ventriculomegaly	Marker is absent

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### IMPRESSION :

Single, live, intrauterine normal fetus of 19 wks maturity with b/l choroid plexi cysts.  
The placenta is Fundo Posterior.

The liquor is adequate.

Corrected EDD as assigned as per [HC&FL]

Suggest further evaluation & SOS FIV  
at 24-26 wks.

### DISCLAIMER :

Not all fetal anatomical abnormalities can be detected on ultrasound examination. The visualization of fetal parts depends on the fetal position, fetal movements & adequacy of liquor. Certain defects may not be visualized during the 2nd trimester. A follow up scan in the early third trimester or late 2nd trimester is advisable. The present study cannot exclude fetal chromosomal abnormalities because the ultrasound markers for these may not always be evident. Defects such as complex cardiac anomalies (like PAPVD) small VSDs, ASDs evolving conditions etc, lower gastrointestinal abnormalities, abnormalities involving hands, feet, ears, soft tissues etc. may not be detected on ultrasound examination.

- All fetal body parameters, including fetal weight are subject to statistical variation.
- All congenital anomalies can not be detected by sonography alone due to technical difficulties related to fetal position, amniotic fluid amount, fetal movements, patient's habitus & pt. abdominal wall thickness.

**DECLARATION- I DR. VIJAYMALA V. AKATE** while undergoing ultrasonography ON PATIENT NEITHER DETECTED NOR DISCLOSED THE SEX OF FETUS TO ANYBODY IN ANY MANNER.

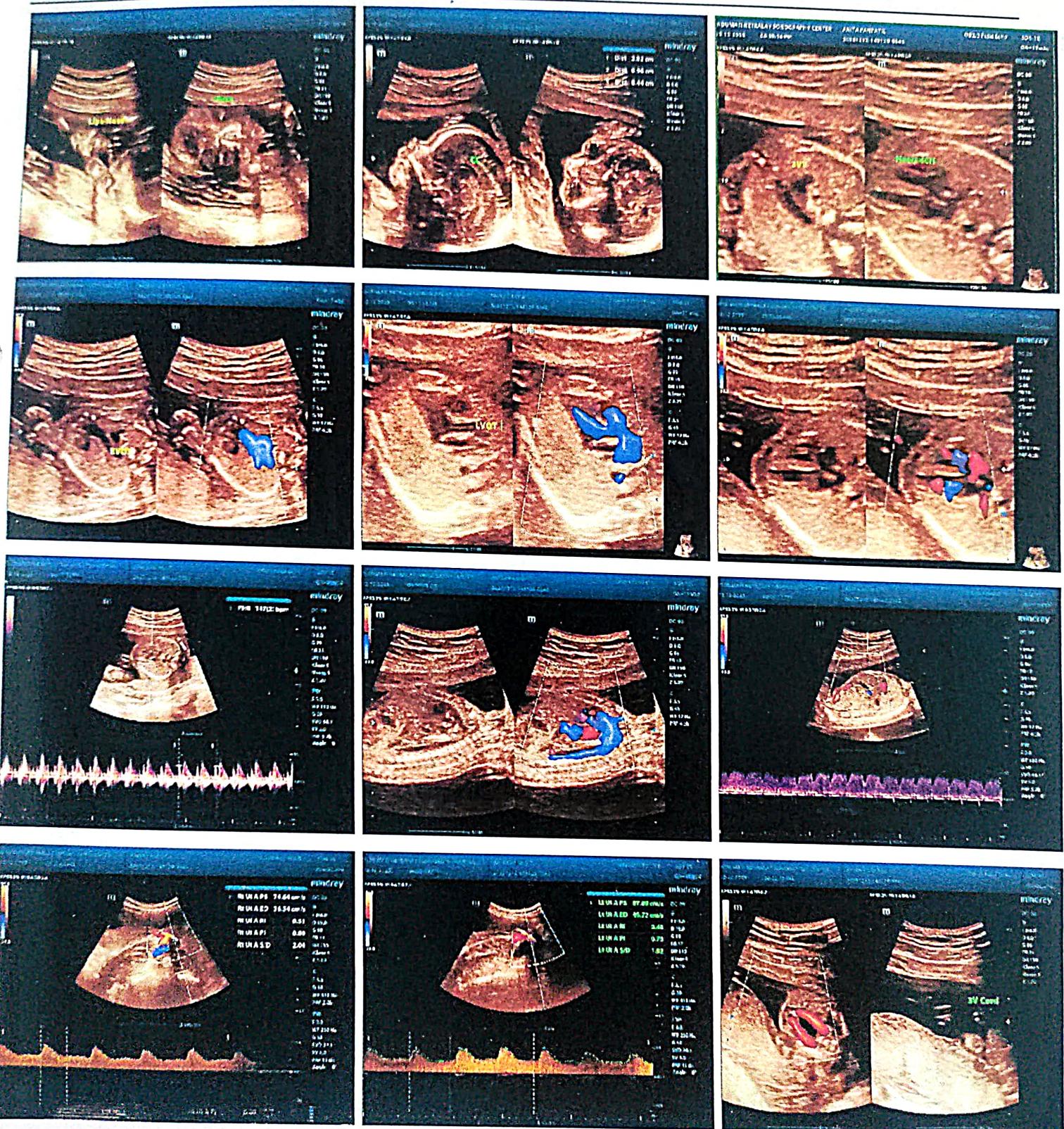
HAVE

P.T.O.

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