

② Mrs. Dally chandrukam

Age - 33 y/l

Quadruple Marker

DOB - 14/2/1992

CMP - 30/4/2025

Height - 5'4"

Weight - 55 KG.

PATIENT NAME:	MRS. DOLLY CHANDRAKAR	AGE/SEX:	32 Y/F	HEIGHT	WEIGHT
DATE:	08.12.2025	REFD. BY:	DR. RIDHI THAKKAR	162 cm	52 kg

### ANC SONOGRAM (ANOMALY SCAN)

Anomaly scan done on PHILIPS Clear View 350

(LMP: 30.07.2025)

- Single live intrauterine gestation with variable lie and variable presentation (seen at the time of examination).
- Stomach bubble & cardiac apex are on left side.
- Placenta: Anterior**, upper & mid uterine segment. Grade I maturity.
- Internal OS is closed and cervix appears normal.
- Cervical length:** Measures 3.0 cm.
- Liquor:** Adequate for gestational age. (MVP = 3.8 cm).

#### Foetal Biometry :

Foetal Heart Rates :		145	B/Min. Regular.			
BPD Measures :	4.21	cm. Corresponds To :	18	Weeks	5	Days.
HC Measures :	15.7	cm. Corresponds To :	18	Weeks	4	Days.
AC Measures :	12.9	cm. Corresponds To :	18	Weeks	2	Days.
FL Measures :	2.78	cm. Corresponds To :	18	Weeks	3	Days.
HL Measures :	2.60	cm. Corresponds To :	18	Weeks	1	Days.
ULNA Measures :	2.55	cm. Corresponds To :	19	Weeks	1	Days.
TIB Measures :	2.30	cm. Corresponds To :	18	Weeks	0	Days.
RAD Measures :	2.50	cm. Corresponds To :	19	Weeks	1	Days.
FIB Measures :	2.20	cm. Corresponds To :	18	Weeks	0	Days.
Average Ultrasound Age Is	18	Weeks	3	Days.		
Average LMP Age Is	18	Weeks	5	Days.		
Expected Date Of Delivery By Ultrasound :	08.05.2026					
Expected Date Of Delivery By LMP :	06.05.2026					
Estimated Foetal Weight Is	242	Gms. ±	35.0	Gms.		

P.T.O

Durg



Raipur



Timing : 7am to 8pm

24 x 7 Emergency Service

जी के टावर, केनरा बैंक बिल्डिंग, वाफना मंगलम के बाजू  
पद्माभासपुर, दुर्गा 7880099919

वालकिंस गंगा, SBI न्यू शांति नगर ब्रांच के सामने, गली नं 8  
शंकर नगर, रायपुर 92435 09002

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### Fetal Anatomy

**Head & Neck:**  
Lateral ventricle at the level of atria measures 6.6 mm.  
Cisterna magna measures 3.8 mm.  
TCD measures 17.9 mm.  
Cavum septum pellucidum is normal.  
Nuchal fold thickness measures 1.6 mm.

**Face:**  
Fetal face is seen in coronal and profile views.  
Nasal bone seen. (~ 5.5 mm)  
Both orbits, nose and mouth appeared normal.

**Spine:**  
Vertebra and spinal canal appeared normal.

**Thorax:**  
Both lungs seen.  
No evidence of pleural or pericardial effusion.  
Four chamber cardiac view normal.  
Outflow tracts appear grossly normal. Fetal echo is not done.

**Abdomen:**  
Stomach and bowel appear normal.  
No evidence of ascites.  
Bilateral kidneys appear normal.  
Bladder appears normal.

**Extremities:**  
All fetal long bones visualized and appear normal for the period of gestation.  
Both feet appear normal.

P.T.O



Raipur



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### Aneuploidy soft markers:

Increased Nuchal fold.	Absent
Absent or hypoplastic nasal bone	Absent
Ventriculomegaly	Absent
Short femur	Absent
Short humerus	Absent
Pyclectasis	Absent
Echogenic bowel	Absent
Intracardiac echogenic focus	Absent

### Doppler values as described below:

	PI	RI
Right Uterine Artery	1.1	0.5
Left Uterine Artery	0.5	0.4

Mean PI of uterine arteries – 0.8 ( 4 percentile).

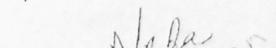
### IMPRESSION:

- Single live intrauterine gestation with variable lie and variable presentation seen at the time of examination with AUA approx. 18 W, 3 D  $\pm$  1 W, 0D (EDD: 08.05.2026).
- No obvious congenital anomaly detected at present scan.
- Estimated Foetal Weight Is: 242 +/- 35.0 Gms
- A single loop of cord seen around the neck of fetus at present scan.
- No e/o oligohydramnios (MVP = 3.8 cm).

### Advice – Quadruple marker correlation.

(Fetal echo is not conducted in this scan; hence cardiac anomalies cannot be ruled out).

Suggested fetal echo for detailed cardiac evaluation.

  
DR. NEHA CHINNANI  
DMRD

Regn.No. CGMC-10278/2020  
Valkin's Health Care, Durg

I HEREBY DECLARE THAT I HAVE NEITHER DETECTED / DECLARED SEX OF UNBORN FETUS.  
NOT ALL CONGENITAL ANOMALIES ARE DETECTABLE ON SONOGRAPHY. IT DEPENDS ON TIME OF EXAMINATION & POSITION OF FETUS.  
THIS REPORT IS FOR PERUSAL OF THE DOCTOR ONLY NOT THE DEFINITIVE DIAGNOSIS; FINDINGS HAVE TO BE CLINICALLY CORRELATED.  
SEX OF THE FETUS IS NOT DETERMINED HERE. THIS REPORT IS NOT VALID FOR MEDICO-LEGAL PURPOSES.  
DUPLICATE REPORTS SHALL BE ISSUED. \*