DR. PURVI AGRAWAL

MBBS, DGO, DNB, FETAL MEDICINE
CG 6950/2016

Patient name	Mrs. YOGESHWARI SAHU	**Age/Sex**	25 Years / Female
Patient Id	J 0001336	**Visit no**	2
Referred by	Dr. H L SAHU	**Visit date**	29/12/2025
LMP date	05/08/2025, LMP EDD: 12/05/2026[20W 6D] User EDD: 21/05/2026[19W 4D]		

OB - 2/3 Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Maternal

Cervix measured 3.7 cm in length.

Internal os closed

Right Uterine	2.38	(99%)
Left Uterine	1.39	(73%)
Mean PI	1.885	(97%)

Fetus

Survey

Presentation - VARIABLE

Placenta - ANTERIOR HIGH

Liquor - Normal

Single deepest pocket = 3 cm

Umbilical cord - Two arteries and one vein

Fetal activity present

Cardiac activity present

Fetal heart rate - 145 bpm

Biometry

BPD 43.22 mm 19W (37%ile)	HC 160.76 mm 18W 6D (21%ile)	AC 141.73 mm 19W 4D (46%ile)	FL-Rt 29.99 mm 19W 2D (34%ile)	EFW BPD,HC,AC,FL 287 grams (38%ile)
5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%

Long bones	Right (mm)	
Tibia	26.88, 20W	(57%)
Fibula	26.61, 19W 2D	(47%)
Humerus	28.92, 19W 3D	(47%)
Radius	28.18, 20W 6D	(62%)
Ulna	27.18, 19W 4D	(50%)

Foot Length : 2.6 mm

TCD : 19.45 mm

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Aneuploidy Markers
Nasal Bone : 5.69 mm - Present
Nuchal Fold : 3.10 mm - Normal

Fetal Anatomy
Head
Left lateral ventricle measured 4.9 mm
Cisterna magna measured 4.15 mm
Midline falx seen
Both lateral ventricles appeared normal.
Posterior fossa appeared normal.
No identifiable intracranial lesion seen.
Neck
Fetal neck appeared normal.
Spine
Entire spine visualised in longitudinal and transverse axis.
Vertebrae and spinal canal appeared normal
Face
IOD 9.1 mm
BOD 35.92 mm
Fetal face seen in the coronal and profile views.
Both orbits, nose and mouth appeared normal.
Thorax
Both lungs seen.
No evidence of pleural or pericardial effusion.
No evidence of SOL in the thorax.
Heart
PARTIAL AVSD
Abdominal situs appeared normal
Cardiac situs appeared normal.
Rate and Rhythm appeared normal.
LEFT AXIS DEVIATION

Venoatrial connections:
SVC and IVC seen draining into right atrium.
Two pulmonary veins seen draining into left atrium.
PARTIAL common atrio-ventricular valve
MITRAL VALAVE NON FUNCTIONING
Four chamber view:
Right atrium and Left atrium seen.
Right ventricle and Left ventricle seen.
Atrioventricular septal defect measuring 2.6mms, primum ASD and inlet VSD.

JANNANI DIAGNOSTICS
FETAL MEDICINE

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Ventriculoarterial connections:
Aorta seen arising from left ventricle.
Aortic valve seen.
Aortic arch and great vessels seen -
Goose neck appearance of aorta seen.
AORTA APPEAR SMALL
Pulmonary valve seen.
Pulmonary artery bifurcation seen.
Ductus arteriosus appeared normal.

THREE VEESEL VIEW:
Number: Three vessel
Size and Alignment: Normal.
Flow: Normal
Thymus seen.

Abdomen
Abdominal situs appeared normal.
Stomach and bowel appeared normal.
Normal bowel pattern appropriate for the gestation seen.
No evidence of ascites.
Abdominal wall intact.

KUB
Right and Left kidneys appeared normal.
Bladder appeared normal

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

Impression
- SINGLE LIVE INTRAUTERINE GESTATION
- ESTIMATED GESTATIONAL AGE BY FETAL BIOMETRY : 19 WEEKS 04 DAYS +/- 1 WEEK.
- ESTIMATED FETAL WEIGHT ACCORDING TO BPD, HC, AC, FL: - 289 +/ - 42 GMS
- AGREED EDD (AS PER PREVIOUS SCAN): 21/05/2026
- **PARTIAL AVSD**
- NO OBVIOUS SONOGRAPHIC MARKER DETECTED FOR THE GESTATION.
- PLACENTA: ANTERIOR HIGH
- CERVICAL LENGTH: 3.7 cm: NORMAL
- UTERINE ARTERY DOPPLER: **SCREEN POSITIVE** FOR PREECLAMPSIA

IN TODAYS SCAN
I HAVE SUSPECTED PARTIAL AVSD
I HAVE EXPLAINED THE NEED OF SURGERY IF PATIENT WANTS TO CONTINUE THE PREGNANCY

JANNANI DIAGNOSTICS
FETAL MEDICINE
70/1, GE Road, Beside AIIMS, 1st Floor Maa Angarmoti Medicals,
Tatibandh, Raipur (C.G.) 9742102011

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SUGGESTED PEDIATRIC CARDIOLOGIST OPINION
IF THEY AGREE TO CONTINUE THE PREGNANCY:
AMNIOCENTESIS WITH CMA IS ADVISED

Please note:

Ultrasound scanning cannot detect all fetal abnormalities and genetic syndromes. Even though this scan has been performed as per current international guidelines and protocols for fetal imaging, certain abnormalities may go undetected due to several reasons such as maternal body habitus, unfavorable fetal position and or abnormal amount of amniotic fluid. Assessment of small fetal parts such as fingers, toes, ears and eyes does not come within the scope of the targeted anomaly scan always. Certain fetal parts are not amenable for prenatal evaluation such as inner ear, retina, gastro-intestinal tract etc. Subtle anomalies such as mild facial dysmorphism, clefts of posterior palate, small cardiac septal defects may not be evident until after birth. Some abnormalities may evolve as gestation advances, and obviously those cannot be detected at current gestation.

Declaration:

I, Dr. PURVI AGRAWAL, declare that while conducting ultrasonography on Mrs. YOGESHWARI SAHU, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

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CG Reg No: 6950/2016
Thank you for the courtesy of this referral.

JANNANI DIAGNOSTICS
FETAL MEDICINE

KRISHNA FETAL
MEDICINE CENTER

Anamoly Scan Check List (18-22 Weeks)

NAME: Yogeshwari Shahu | HOS ID: JD001336 | DATE: 29/12/25

Sonographic fetal Anatomy	N	AB	NE
Head			
Skull, Shape, Cranial sutures	✓		
CSP	✓		
Thalamus	✓		
Lat Ventricles	✓		
Cerebellum	✓		
Sulci & Gyri	✓		
Face			
Nose	✓		
Upper Lips	✓		
Median Profile	✓		
Orbit Lens	✓		
Thorax			
Shape	✓		
Lungs	✓		
Ribs:	✓		
Heart			
Size & Axis			
4 chamber			
LVOT			
RVOT			
3 V View			
3 V Trachea			
MPA Branching:			
Pulmonary Veins:			
Abdomen			
Stomach	✓		
Diaphragm	✓		
Bladder	✓		
Kidneys: (R) 1.5 (L) 1.2	✓		
3 v Cord	✓		
Cord insertion	✓		
Spine			
All three planes	✓		
Limbs			
Right arm (Incl hand)	✓		
Right Leg (Incl Foot)	✓		
Left arm (Incl hand)	✓		
Left Leg (Incl Foot)	✓		

Technical condition:

Good ✓

Limited by: Adiposity, Fetal position, Oligohydramnios

Gestational age by (LMP/Scan): Wk D

USG age: Wk D

Cervix: 3.7cm

Uterine A PI Lt: 1.39 Rt: 2.38

DV Doppler: ✓ Serious (+)

DVP: 3.06 Cm

IOD: 9.1 mm

FHR:

Corpus Callosum: ✓

Lateral Ventricle: 4.9 cm (Left)

Thymus ✓

Situs: ✓

Nasal Bone: 5.69mm

Ear: (R) 12mm (L) 13.2mm ✓

Digits: ✓

Tongue ✓

Gall Bladder: ✓

Stomach Bladder Proximity: ✓

Foot Length: 2.6 cm

Toes: ✓

Post. Wall of palate: ✓

Cord Attachment: ✓

Presentation:

Placenta: Anterior High

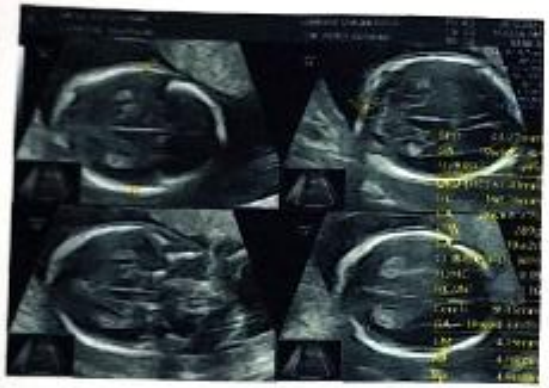
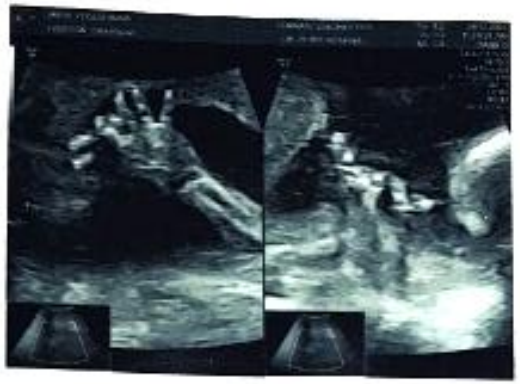
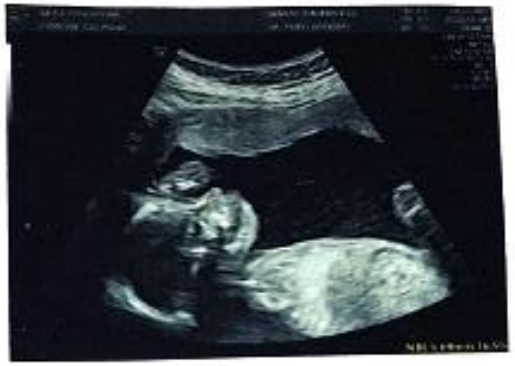
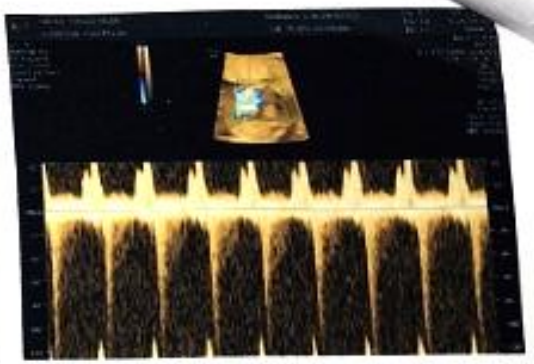
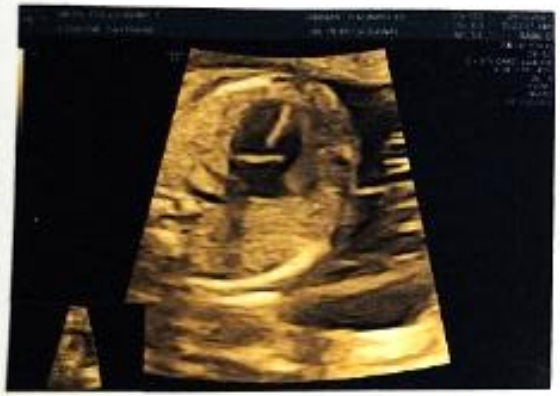
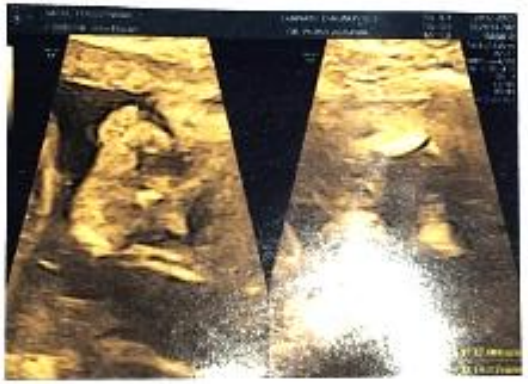
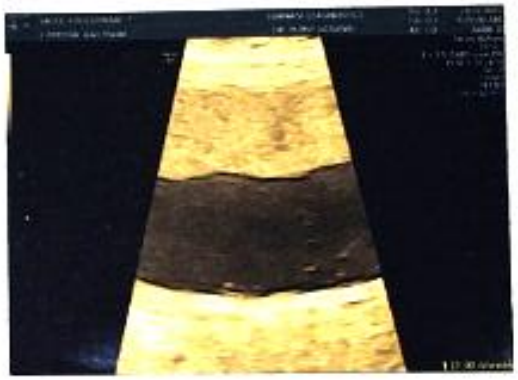
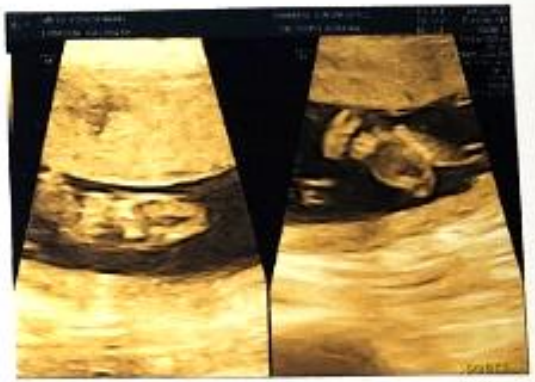
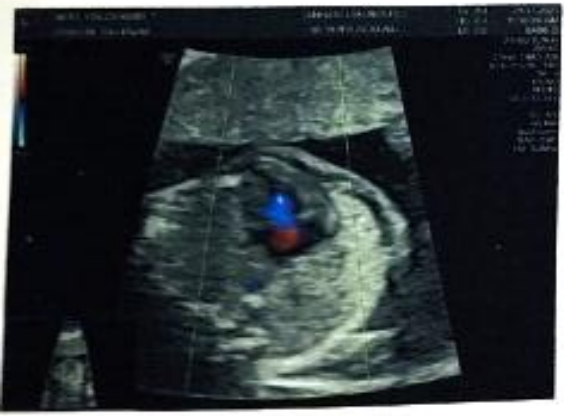
Conclusion:

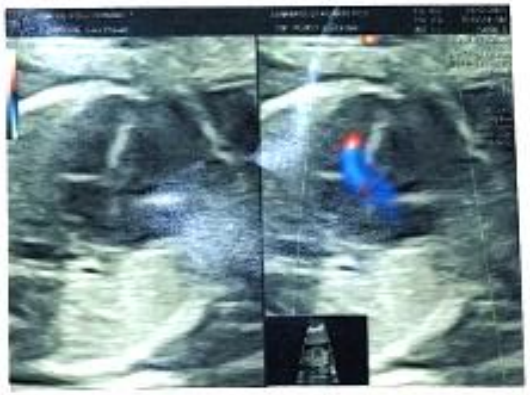
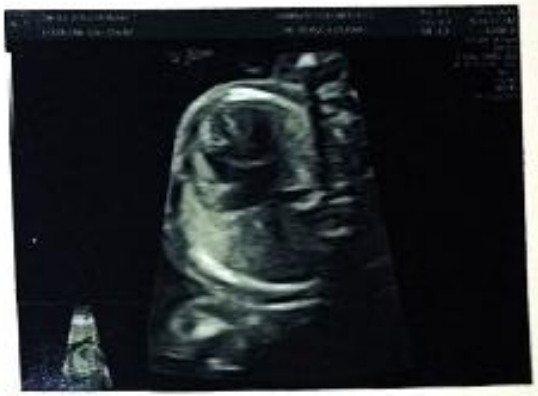
- ☐ Normal and complete examination
- ☐ Normal with finding &complete exam
- ☑ Abnormal and complete examination

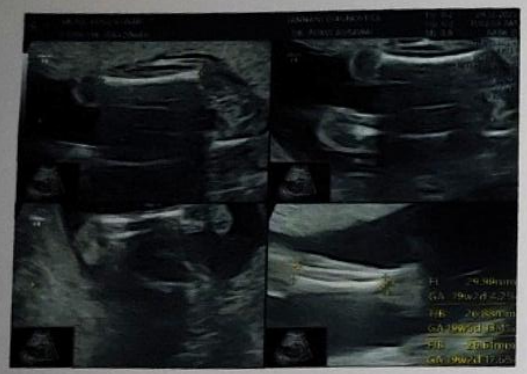
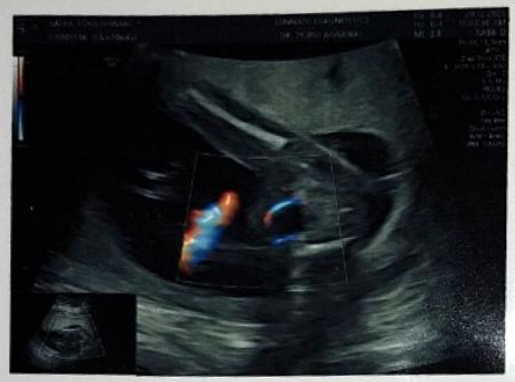
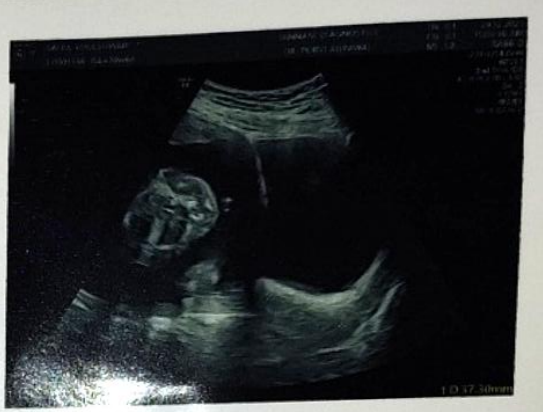
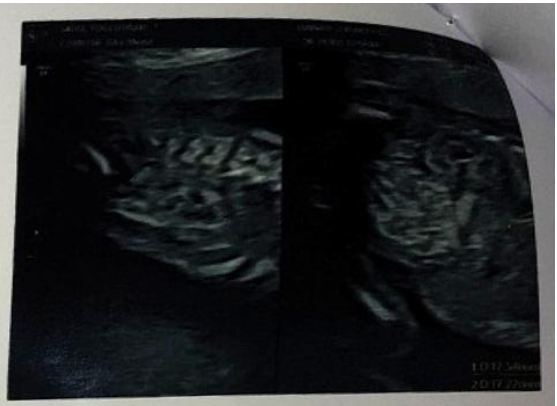
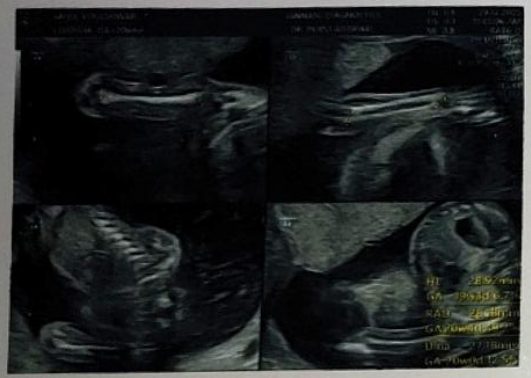
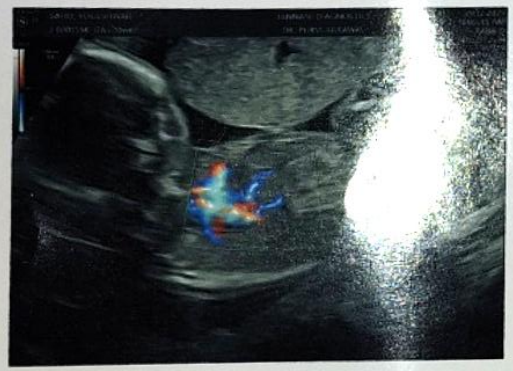
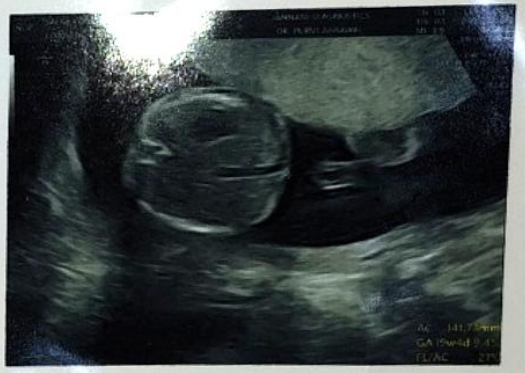
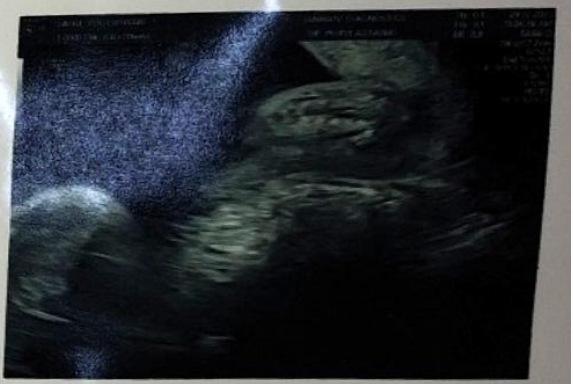
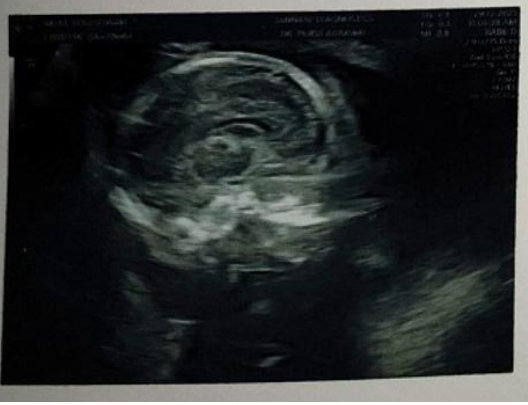
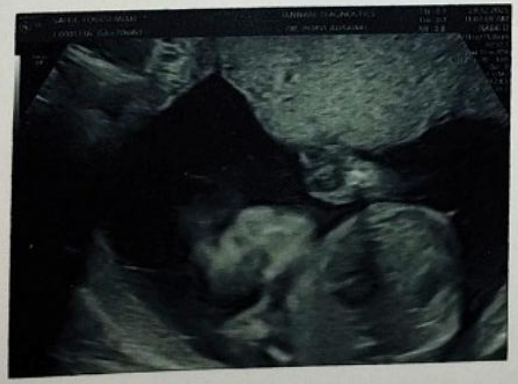
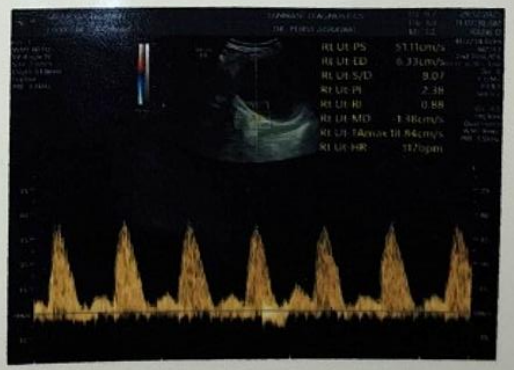
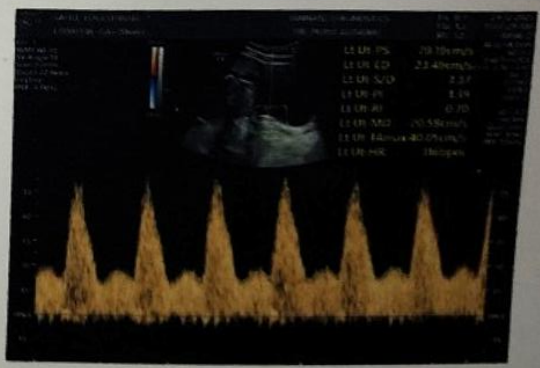
N: Normal, AB: Abnormal, NE: Not examined

LL- axis deviation M-AVSD

aorta small

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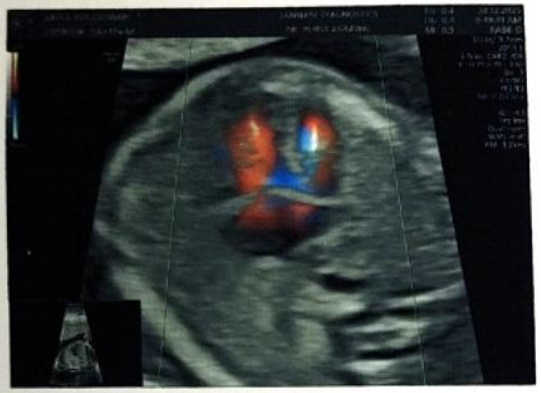
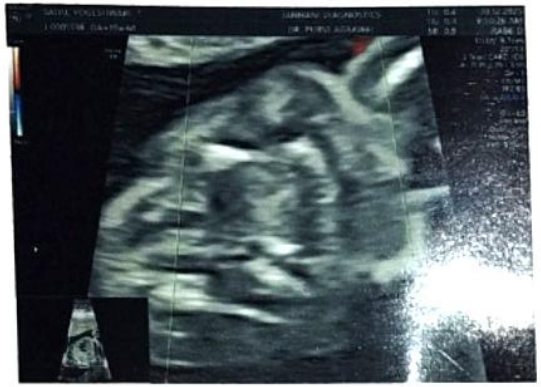
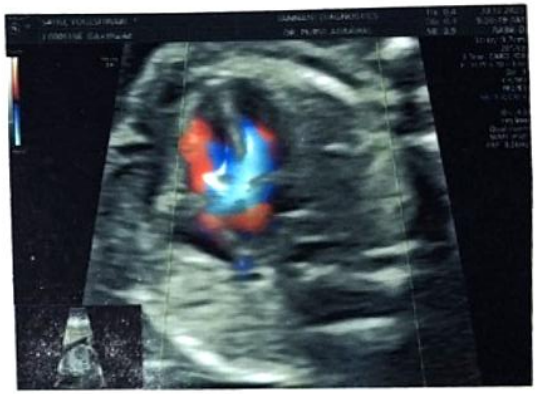
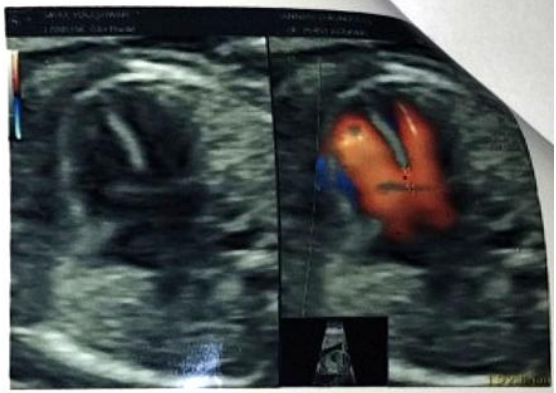
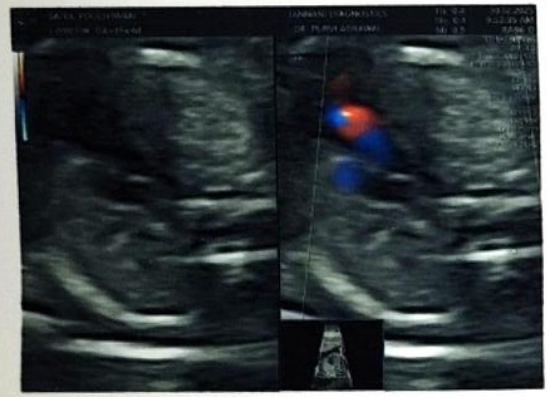
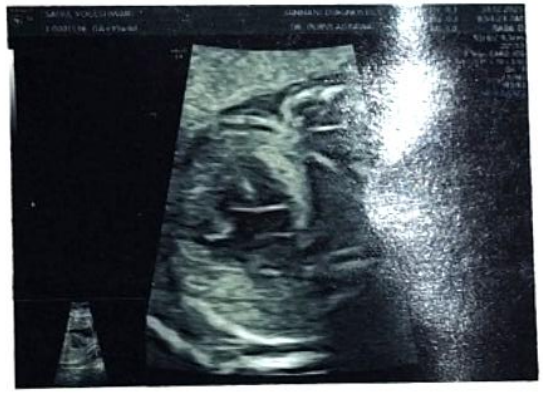
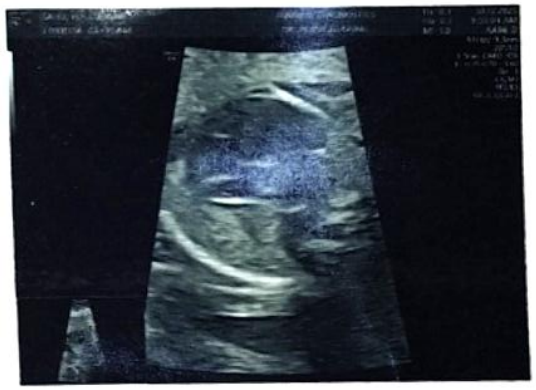

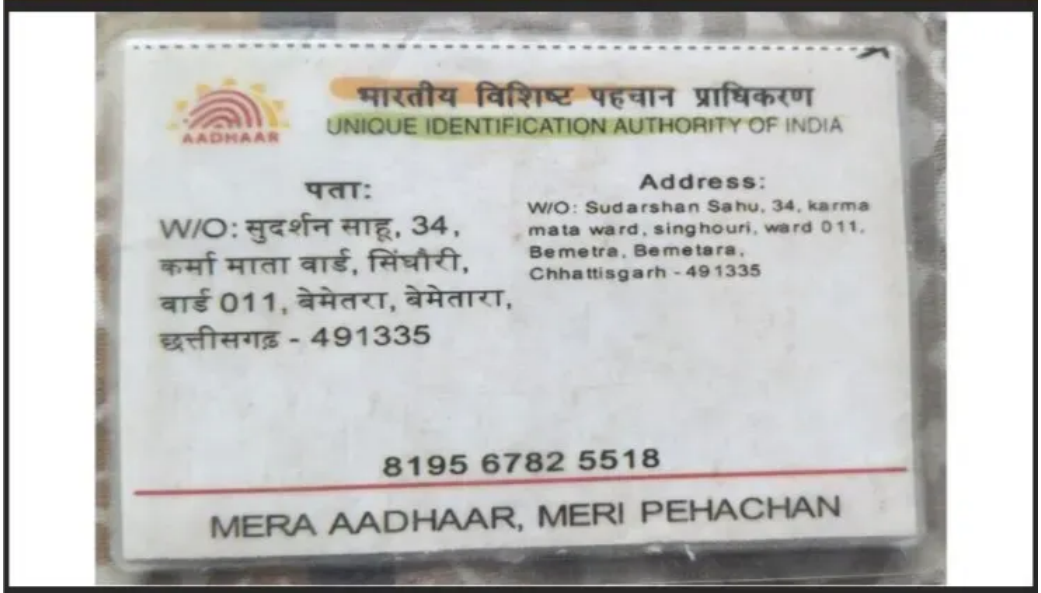


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