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ARTICLE OF RADIOLOGY
INSTITUTE OF MEDICAL SCIENCES
NORTH BHOPAL M.P. INDIA

ULTRASONOGRAPHY REPORT
OBSTETRICS

Patient Name: Rajwah Age: 33/F
UPD Registration No: 2503604051 Referred By:

USG No

13/8/25

LMP - GA by LMP - 20w5d EDD by LMP - 20/5/26

Number of fetuses - Single

Fetal Position - variable

Fetal Heart - seen / Heart Rate 138/min

Placenta Position - Fundoanterior Cervix - 5.8 cm

Amniotic fluid - SVP: 4.8 cm

Fetal Biometry - All measurements are in cms.

BPD = 4.85 cm ~ 20w5d

FL = 20w6d

HC = 20w6d

AC = 21w2d

Effective gestational age by USG = 20w5d

Fetal Weight = 398g (66%)

Screening of Body Parts:

HEAD:

Skull - ☒ Normal / dolicocephalic

Nuchal fold thickness - 4 mm

Orbital diameter - 10 mm

Inter orbital distance - 11 mm

Palate, Lips & Nose appear ☒ normal

→ NB: 6.8 mm



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Brain - Cerebellar diameter (TS) - 20.4 mm

Cisterna magna - 5.4 mm

Atria of lateral ventricle - 6 mm

All the above measurements are within (n) limits.

Fetal Spine: Appears normal. (Parallelism of anterior and posterior laminae is well maintained)

Chest: Bilateral Lung appear normal in morphology and parenchymal echogenicity.
Diaphragm appears normal

Heart: 4 chambers views suggest normal sizes of all cardiac chambers

- Normal situs
- Normal outflow tracts

Abdomen: - Cord insertion - Normal
- 3 Vessel cord is noted

Stomach: Bubble well visualized, normal in position.

Normal distribution, diameter and echogenicity of bowel loops.

Kidney: Bilateral kidneys are normal in size and echogenicity.

No evidence of hydronephrosis.

Urinary Bladder: appears normal.

Limbs: Humerus length: 31.5 mm
Tibial length: 28 mm
Foot length: 34 mm

Above screening suggest absence of any apparent congenital anomaly.

IMPRESSON: Single live intrauterine gestation \approx EGA \approx 20w 5d
 \approx no gross congenital anomalies

DECLARATION

I, Dr. Aman Rajwani, declare that while performing sonography/ Images
I have neither detected nor disclosed sex of the fetus to her or a
(It must be noted that detailed fetal anatomy may not always be visible due to technical difficulties related to fetal position, amniotic fluid movements, maternal abdominal wall thickness and tissue echogenicity. Therefore all fetal anomalies may not necessarily be detected.)
Patient has been counseled about the capabilities and limitations of this examination)

Dr. Aman (SR)

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