



# Vitthal Diagnostic Centre

Ultrasound Specialists

▶ SONOGRAPHY

▶ COLOUR DOPPLER

▶ 2D ECHO

## USG OF OBSTETRICS

PATIENT NAME: MRS. VEDIKA KHANDAGALE.

AGE: 19 YEARS/ FEMALE

REF. CLINICIAN: DR. UTKARSH DHAYGUDE SIR.

DATE: 10/01/2026

.....  
Study is suboptimal due to thick maternal anterior abdominal wall.

L.M.P: 24/08/2025

G.A. BY L.M.P.: 19 weeks 6 days

E.D.D. BY L.M.P: 31/05/2026

G.A. BY U.S.G.: 19 weeks 1 day

E.D.D. BY U.S.G: 05/06/2026

NUMBER OF FETUS : Single ✓

STATUS OF FETUS : Live

PRESENTATION : Changing

FETAL CARDIAC ACTIVITY : Present. Heart Rate 160 / min. ✓

FETAL MOVEMENTS : Present.

AMNIOTIC FLUID : Volume is adequate at present scan. ✓

PLACENTA : Fundal posterior wall and not low lying. ✓

Cervix : Internal Os is closed. Cervical length measures 3.3 cm. ✓

FOETAL WEIGHT : 295 (+/- 43) gms.

Single loop of cord around the fetal neck in present scan.

## FOETAL BIOMETRY

Parameter	Measures /cm	Weeks	Days
BPD	4.22	18 ✓	5
HC	16.09	18 ✓	6
AC	14.39	19 ✓	5
FL	3.04	19 ✓	3

Adv  
NIP T, ANE 1000g/1000g TSH  
sample  
Dr. Utkarsh

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## CNS

Calvarium is visualized.

Cavum septum pellucidum and midline falx are seen.

**Midline extra axial inter hemispheric supratentorial anechoic cyst measuring 4.2 x 2.7 mm is seen. No internal vascularity seen. This is likely suggestive of Cavum veli interpositi cyst.** ✓

Cerebrum and choroid plexus appear normal. Both lateral ventricles appear normal measuring 6.7 mm and 7.6 mm. No e/o hydrocephalus is seen.

Posterior fossa structures show normal appearances.

Trans cerebellar diameter – 19.9 mm (within normal limit).

Cisterna magna - 4.7 mm (within normal limit).

Nuchal fold thickness – 3.8 mm.

Spine appears normal. No spinal defect is seen.

## Face

Nasal bone appears normal and measures 5.1 mm.

Orbits, nose and lips appear normal. Ears are present.

No e/o obvious cleft lip-palate noted.

## Thorax

Normal situs is seen.

Cardiac four chamber view appears normal. Atrioventricular connections are normal. Right and left ventricular outflow tracts are normal.

**Aberrant right subclavian artery is noted.** ✓

(Kindly note small ASD'S and VSD'S may not be detected on sonography. *Fetal echocardiography* is suggested for complete fetal cardiac evaluation if clinically indicated).

Lungs appear normal. No e/o any diaphragmatic hernia.

## Abdominal structures

Stomach appears normal.

Gall bladder and bowel loops appear normal.

Cord insertion appears normal. 3 vessel cord is visualized.

Abdominal wall is intact. No e/o omphalocele is seen.

## Fetal KUB

Both the kidneys are normal in size and echotexture.

No significant pyelectasis is seen.

Urinary bladder is seen. No e/o of urinary bladder over distension is seen.

## Limbs

Bilateral upper and lower limbs show normal appearances. No obvious clubfoot.

All digits may not always be seen due to positional abnormalities.





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## 2nd trimester soft markers of trisomy 21:

Intracardiac echogenic focus	absent
Mild hydronephrosis	absent
Short femur	absent
Short humerus	absent
Echogenic bowel	absent
Increased nuchal fold	absent
Aberrant right subclavian artery	present
Absent or hypoplastic nasal bone	absent
Ventriculomegaly	absent

Real time pulsed Doppler done with colour flow mapping.

	PI (cm/sec)	Percentile	Analysis
Right uterine artery	0.8		
Left uterine artery	1.1		
Mean uterine artery	0.9	25	Normal

## IMPRESSION –

- Single, live, intrauterine Fetus in changing presentation in present scan of 19 weeks 1 day (+/- 2 weeks).
- Aberrant right subclavian artery is noted.
- No evidence of gross fetal anomaly noted at present.

**Advice –** Clinical correlation and non-invasive perinatal screening (NIPS). Follow up USG after 4 weeks for any developing anomaly and fetal echocardiography between 22 – 24 weeks.



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## DISCLAIMER :

Not all fetal anatomical abnormalities can be detected on ultrasound examination. The visualization of fetal parts depends on the fetal position, fetal movements and 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 always detected on ultrasound examination.

\* I **Mrs. VEDIKA KHANDAGALE**, declare that by undergoing ultrasonography/image scanning etc. I do not want to know the sex of my fetus.

Signature of pregnant women \*

*वे.वि.खंडगळे*

I, **Dr. AMOL KHANDALE**, declare that while conducting ultrasonography/image scanning etc. on **Mrs. VEDIKA KHANDAGALE**, I have neither detected nor declared sex of her fetus to anybody in any manner.

**Dr. Snehal Palve,**  
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Consultant Radiologist  
Ex consultant at Ruby Hall Clinic

*This is a professional opinion, not the final diagnosis & should be interpreted in the light of clinical background. This report is not for medico legal purposes. Always suggest second opinion if clinical indicated.*

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