

13/1/26

① Mrs. Purnima Baghel

Age - 21 y/f

Quadruple Marker

DOB - 6/12/2003

LMP - 9/8/2025

Height - 154 cm.

Weight - 50.0 kg.



वाल्किंस डायग्नोस्टिक सेंटर

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जी के टावर, कैनरा बैंक बिल्डिंग, बाफना मंगलम के यात्र
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वाल्किंस गंगा, 581 न्यू शांति नगर ग्रांच के सामने, गली नं 8
शंकर नगर, रायपुर 92435 09002

PATIENT NAME:	MRS. PURNIMA BAGHEL	AGE/SEX:	21 Y/F	HEIGHT	WEIGHT
DATE:	12.01.2026	REFD. BY:	DR. MANASI GULATI	154 cm	46 kg

ANC SONOGRAM (ANOMALY SCAN)

Anomaly scan done on PHILIPS Clear View 350

(LMP: 11.08.2025)

- 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:** Posterior, upper & mid uterine segment. Grade I maturity.
- Internal OS is closed and cervix appears normal.
- **Cervical length:** Measures 3.4 cm.
- **Liquor:** Adequate for gestational age.

Foetal Biometry :

Foetal Heart Rates :		146	B/Min. Regular.			
BPD Measures :	4.72	cm. Corresponds To :	20	Weeks	1	Days.
HC Measures :	17.9	cm. Corresponds To :	20	Weeks	2	Days.
AC Measures :	15.7	cm. Corresponds To :	20	Weeks	6	Days.
FL Measures :	3.86	cm. Corresponds To :	22	Weeks	2	Days.
HL Measures :	3.48	cm. Corresponds To :	21	Weeks	6	Days.
ULNA Measures :	3.05	cm. Corresponds To :	21	Weeks	3	Days.
TIB Measures :	3.14	cm. Corresponds To :	21	Weeks	3	Days.
RAD Measures :	2.94	cm. Corresponds To :	21	Weeks	3	Days.
FIB Measures :	3.07	cm. Corresponds To :	21	Weeks	3	Days.
Average Ultrasound Age Is		21	Weeks	1	Days.	
Average LMP Age Is		22	Weeks	0	Days.	
Expected Date Of Delivery By Ultrasound :				18.05.2026		
Expected Date Of Delivery By LMP :				24.05.2026		
Estimated Foetal Weight Is		421	Gms. ±	61.0	Gms.	

P.T.O

Durg



Timing : 7am to 8pm

24 x 7 Emergency Service

CT Scan | Sonography | Colour Doppler | ECG | ECHO | EEG | X-Ray | Path Lab

Raipur



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Fetal Anatomy

Head & Neck:

Lateral ventricle at the level of atria measures 6.3 mm.
Cisterna magna measures 6.8 mm.
TCD measures 21.3 mm.
Cavum septum pellucidum is normal.
Nuchal fold thickness measures 5.3 mm.

Face:

Fetal face is seen in coronal and profile views.
Nasal bone not visualized due to posterior spine.
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

Durg



Raipur



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Aneuploidy soft markers:

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

Doppler values as described below:

	PI	RI
Right Uterine Artery	1.5	0.7
Left Uterine Artery	0.9	0.5

Mean PI of uterine arteries – 1.2 (72 percentile).

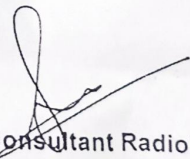
IMPRESSION:

- Single live intrauterine gestation with variable lie and variable presentation seen at the time of examination with AUA approx. 21 W, 1 D \pm 1 W, 0D (EDD: 24.05.2026).
- No obvious congenital anomaly detected at present scan.
- Estimated Foetal Weight Is: 421 +/- 61.0 Gms
- No e/o oligohydramnios.

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.


Consultant Radiologist

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 PERSONAL USE 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
SUGGESTED FETAL ECHO FOR DETAILED CARDIAC EVALUATION.



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