

DR.SAIF MALIK

MBBS, MD (Radiodiagnosis-Gold Medalist)
(Reg.No. MPMC 15683)
Fellowship in Fetal Medicine (Delhi)
Certified - FMF, London (FMF ID-284180)



SHM DIAGNOSTICS

EMPATHY, EXPERTISE, EXCELLENCE
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Ultra Sonography -Colour Doppler -Echo -ECG -Pathology

NAME	Mrs. PRIYA SULYA	AGE/SEX	28 Y/F
REF.BY.DR.	MAHENDRA BADOLE (MBBS,MD) SIR	DATE	10/01/2026

ANOMALY SCAN

Relevant clinical details.

L. M. P. = 16/08/2025

Average age = 21 wks 0 days

EDD by LMP: 23/05/2026

Patient missed aneuploidy screening tests including dual marker.

FINDINGS.

- ❖ Mild dilatation of pelvi-calyceal system is noted bilaterally, with renal pelvis measuring approx. (0.50) cm in antero-posterior diameter on right side and measuring approx. (0.63)cm in antero-posterior diameter on left side. There is no associated ureteric dilatation noted. Both kidneys appear normal in shape, size and echotexture. Parenchymal thickness is normal.
- ❖ Fetal Urinary System Assessment according to Multidisciplinary Consensus:

US PARAMETERS	RT. KIDNEY MEASUREMENT / FINDINGS	LT. KIDNEY MEASUREMENT/ FINDINGS
Anterior-Posterior Renal Pelvic Diameter (APRPD)	0.50 (cm)	0.63 (cm)
Calyceal dilation: Central (major calyces) Peripheral (minor calyces)	YES NO	YES NO
Parenchymal thickness	NORMAL	NORMAL
Parenchymal appearance	NORMAL	NORMAL
Ureter	NORMAL-NOT DILATED	NORMAL-NOT DILATED
Bladder	NORMAL	NORMAL

- ❖ There is single live intrauterine foetus



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- ❖ The placenta is anterior, not low-lying Grade 1. Placental thickness measures approx. 2.64 cm. It has a homogenous echo pattern.
- ❖ Liquor amnii is normal.
- ❖ Fetal movements & cardiac activity are normal. FHR - 159 BPM, regular.
- ❖ Brain-
 - The cranium was assessed for shape, ossification and bony defects. The intracranial anatomic survey included a subjective assessment of symmetry, the falx, cavum septum pellucidum, thalami, cerebellum, cisterna magna, the third ventricle, atrial ventricles and echo pattern of the cerebrum.
 - The width of the atrium of the lateral ventricle is approx. 0.59 cm and is within normal limits.
 - The cerebellar transverse diameter (TCD) is 2.11 cm. The cisterna magna is 0.51 cm deep and normal. The nasal bone is 0.60 cm long & normal. The ocular diameter, binocular distance & intraocular distance are normal. Nuchal fold thickness is 0.49 cm.
- ❖ Fetal limb movements are normal.
- ❖ The anatomic survey of the face included an assessment of the slope of the forehead, the orbit, eyelids, lens, nasal bone, nasal configuration, upper lip, lower lip, maxilla, mandible, cheek and chin.
- ❖ The neck was assessed for anterior, posterior or lateral masses.
- ❖ The spine, including the osseous components, soft tissue and skin was assessed in longitudinal, coronal and axial sections.
- ❖ The thorax was assessed for the chest wall, lungs, heart, mediastinal and diaphragm.
- ❖ The cardiac survey included cardiac situs, size, rate, rhythm and four-chamber view, outflow tract view and three vessels-tracheal view (Fetal echocardiography suggested for further evaluation)
- ❖ The lungs were assessed for extent and echogenicity. The mediastinal was evaluated for masses and displacements. The diaphragm and interruptions were looked for.
- ❖ Anatomical assessment of the abdomen included observing visceral situs, the anterior and posterior abdominal wall, filling and emptying of the stomach, bowel echogenicity, size and echogenicity of the liver and spleen, abnormal masses if any, kidney location contour and echogenicity, urinary tract dilatation if any and the urinary bladder in a full and empty phase.
- ❖ The extremities were assessed for the presence of the bones & soft tissue in the proximal, middle and distal segments of both upper and lower limbs.

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- ❖ Finger counting was attempted. Movements were surveyed.

	Measurement	Gestational Age
BPD	5.19 cm	21 wks 5 days
OFD	6.83 cm	22 wks 6 days
HC	19.24 cm	21 wks 3 days
AC	16.20 cm	21 wks 2 days
FL	3.56 cm	21 wks 2 days
TIB	3.23 cm	22 wks 0 days
FIB	3.14 cm	21 wks 1 days
HL	3.31 cm	21 wks 1 days
RAD	2.93 cm	21 wks 1 days
Ulna	3.20 cm	22 wks 1 days
Fetal Heart Rate	159 b/m	
EFW (BHAF)	415 gms+/- 61 gms	

- ❖ The internal os is closed. The length of the cervix is approx. 3.93 cm.

❖ **Fetal Doppler**

Umbilical artery shows normal waveform pattern with adequate diastolic flow. There is no reduction /absence/reversal of the end-diastolic flow seen during the period of study. Both the Uterine arteries shows normal unidirectional waveform pattern. There is no diastolic notch seen and good continuous diastolic flow is seen on either side. PI of bilateral uterine arteries are 0.55 & 1.21 (at 69th centile) on right & left side respectively. Mean PI is 0.88 and is normal for gestational age. (Advice: Follow up)

Sr No	2 nd Trimester Aneuploidy Markers	
1	Intracardiac Echogenic Focus	Absent
2	Ventriculomegaly	Absent
3	Increased Nuchal Fold	Absent
4	Echogenic Bowel	Absent
5	Mild Hydronephrosis	Present
6	Short Humerus	Absent
7	Short Femur	Absent
8	Aberrant Right Subclavian Artery	Absent
9	Absent or Hypoplastic Nasal Bone	Normal size

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Ultrasound has limitations in detection of Trisomy 21/Down's syndrome.

All measurements including estimated foetal weight are subject to statically variation. No all anomalies can be detected by a sonography examination due to its known limitations and subtle defects may not be seen in all scans. The present study cannot completely confirm 1) absence of any or 2) presence of all congenital anomalies in the foetus which may be detected in the post natal period USG markers for screening of chromosomal anomaly. Investigations have their limitation. Solitary investigations never confirm the final diagnosis of disease. It only helps in diagnosing the disease in correlation to the clinical symptoms. Not all congenital anomalies are detected by ultrasound. Moreover, the anomalies in relation to fetal heart and limbs are extremely difficult due to constantly changing position of the fetus & overlapping of various parts.

Disclaimer: The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate. Hence, findings should always be interpreted in the light of clinico-pathological correlation. This is a professional opinion, not a diagnosis. Not meant for medicolegal purposes.

In case of unexpected report/clerical errors, immediately contact the lab.

Form For Maintenance OF Records
In Case Of Pre-natal Diagnostic Test/Procedure By Genetic Clinic/Ultrasound Clinic/Imaging Centre

Name and Address of Genetic Clinic/Ultrasound Clinic/ Imaging Centre

Name of Genetic Clinic/Ultrasound Clinic/Imaging centre:	SHM DAIGNOSTIC
Address of Genetic Clinic/Ultrasound Clinic/Imaging centre:	SANAWAD ROAD KHARGONE
Registration No. (Under PC & PNDT Act, 1994)	MP/PCPNDT/KGN/24/65

Patient Details

Patient Name	PRIYA SULYA		
Patient Age	28	ID Proof	Not Available

Address proof:	Not Available	Address proof No.:	*****2553464
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Total Number of living children*

Number of living sons with age of each living son	0
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Number of living Daughters with age of each living Daughter	0
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Husband's/Wife's/Father's/Mother's Name	DEEPAK
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Full postal address of patient	MULTHAN KASRAWAD KHARGONE
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Contact Number	*****23433	Email Id:	NA
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Referred Type	Referred by
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Name of Doctor Referred by	DR MAHENDRA BADLOE SIR	Doctor Registration No	MP5291
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Name of Centre	GOVT HOSPITAL KHARGONE
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Address of Doctor(s)/Genetic counseling centre	SANWAD ROAD KHARGONE
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Last menstrual period or weeks of pregnancy	Date: 16/08/2025 Weeks: 21
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Test to be conducted	Non-Invasive
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Non-Invasive Details

Name of the Doctor performing procedures	SAIF MALIK
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Indication/s for diagnosis procedure	To diagnose intra-uterine and/or ectopic pregnancy and confirm viability.,Estimation of gestational age (dating).,Detection of number of fetuses and their chorionicity.,Assessment of cervical canal and diameter of internal os.,Detection of chromosomal abnormalities, foetal structural defects and otherabnormalities and their followup.,To evaluate foetal presentation and position.,Assessment of liquor amnii.,Evaluation of placental position, thickness, grading and abnormalities (placenta praevia, retroplacental haemorrhage, abnormal adherence etc.),Evaluation of umbilical cord - presentation, insertion, nuchal encirclement, number of vessels and presence of true knot, foetal weight and foetal
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Dr. Aasha Badole
M.B.B.S., M.D.
Paediatrician

Dr. Mahendra Badole
M.B.B.S., M.D.
Obstetrician, Gynaecologist &
Laparoscopic Surgeon

डॉ. श्रीमती आशा बडोले

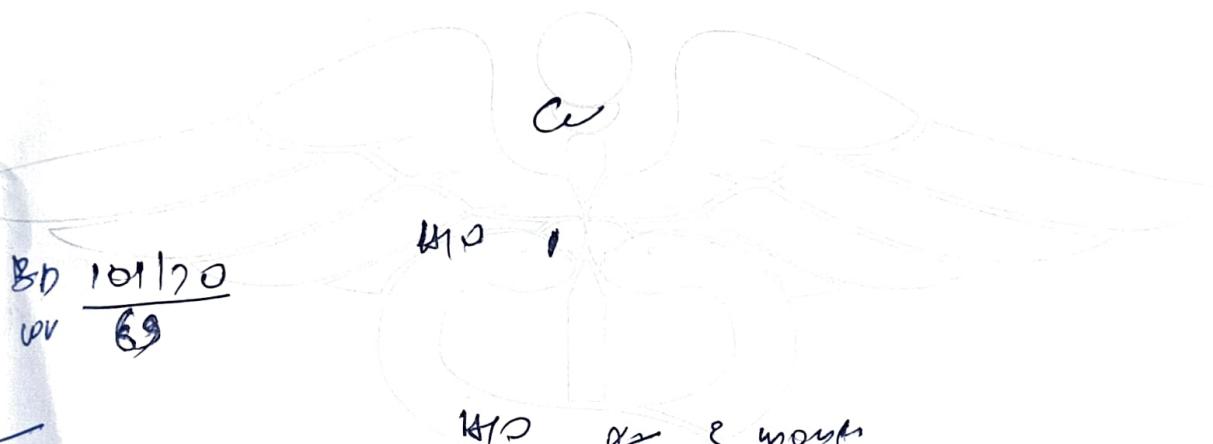
एम.बी.बी.एस., एम.डी.
बाल एवं शिशु रोग विशेषज्ञ
रजि. नं. MP-10444
विला चिकित्सालय खरगोन
मो.: 9926530253

डॉ. महेन्द्र बडोले

एम.बी.बी.एस., एम.डी.
प्रसुति, स्त्रीरोग, निःसंतानता विशेषज्ञ
एवं लेप्रोस्कोपिक सर्जन
रजि. नं. MP-5251
समय : सुबह 11 से रात्री 8 बजे तक
मो.: 9993456333

Name: Parivaar of Deepak Age: DD Date: 12/11/2021

Add: Mulher



201

4 week
just now

10 weeks

1410 12 3 month

1415

1415

Pat 150 mg 25

Pat 500 mg 25 400 mg 25 I.V. 1410

डॉ. महेन्द्र बडोले
एम.बी.बी.एस., एम.डी.
प्रसुति एवं स्त्री रोग विशेषज्ञ
रजि. नं. MP-5251

Pat 150 mg 25 25

Pat 150 mg 25

Pat 150 mg 25

HA-172, एलआईसी ऑफिस के पीछे,
न्यू हाउसिंग बोर्ड कॉलोनी, खरगोन (म.प्र.)

अपाइटमेंट हेतु कृपया मो.: 9424092333

पर प्रातः : 8 से सायं 7 बजे तक संपर्क करें।

रविवार
अवकाश

तारीख: 03/11/2021

DR. MAHENDRA BADOLE
Dr. Badole

1 G 12/12/2025

BD 91/77
W 70

W d

Adr Paeger, Zellw
Oggi, Lh, wool
9 min. 70
concrete lost

f f a 16
Chu

डॉ. महेन्द्र बडोले
 एम.बी.बी.एस., एम.डी.
 प्रसुति एवं रुग्नी रोग विशेषज्ञ
 रजि. नं. M.P. 5291

12/01/2026

BD 11 20

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