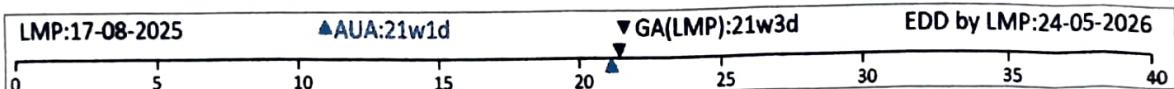




Patient Name: <b>DIMPAL SOURABH GUPTA</b>	Date: <b>14/01/2026</b>
Ref Phy: <b>DR. MOHIT GUPTA SIR M.B.B.S. D.G.O.</b>	Age/Sex: <b>21 Years / FEMALE</b>

**MID TRIMESTER ANOMALY SCAN**



Dating	LMP	GA		EDD
		Weeks	Days	
By LMP	LMP: 17/08/2025	21	3	24/05/2026
By USG		21	1	26/05/2026
<b>AGREED DATING IS (BASED ON LMP)</b>				

There is a single fetus is visualized in an intrauterine sac.

The spontaneous fetal movements are well seen.

Fetal cardiac movements are regular and normal.

Placenta is **posterior** in position and grade I in maturity.

**Amniotic Fluid:** 15.5 cm AFI is in Normal Range SLP = 5.2 cm

Internal os is closed and length of cervix is normal. **3.2 cm.**

Fetal growth parameters	cm	Weeks	Days	Percentile
<b>Biparietal Diameter</b>	5.0	21	2	36.2% +---+
<b>Head circumference</b>	17.5	20	0	2.6% *----+
<b>Transverse Cerebellar Distance</b>	2.2	21	5	41.5% +---+*
<b>Abdominal Circumference</b>	16.0	21	1	32.3% +---+*
<b>Humerus Length</b>	3.4	21	3	33.7% +---+*
<b>Radial Length</b>	2.6	19	6	12.4% +---+*
<b>Ulnar Length</b>	3.0	21	0	26.4% +---+*
<b>Femoral Length</b>	3.6	21	2	39.8% +---+*
<b>Tibial Length</b>	3.2	21	5	64.2% +---+*
<b>Fibula Length</b>	3.0	20	5	29.8% +---+*
<b>Fetal Weight</b>	396 Grams + 58 Grams.			25.8% +---+*
<b>Heart Rate</b>				161 Beats Per Minute.
<b>FL/AC = 22.2</b>				<b>HC/AC = 1.09</b>
<b>FL/BPD = 70.6</b>				<b>BPD/OFD = 82.4%</b>

Sr. No.	2 <sup>nd</sup> Trimester Aneuploidy Markers	
1	Intracardiac Echogenic Focus	Absent
2	Ventriculomegaly	Absent
3	Increased Nuchal Fold	Absent
4	Echogenic Bowel	Absent



5	Mild Hydronephrosis	Absent
6	Short Humerus	Absent
7	Short Femur	Absent
8	Aberrant Right Subclavian Artery	Absent
9	Absent or Hypoplastic Nasal Bone	Normal size
<b>Apriori Risk (From Maternal Age):</b>		<b>1 in 1060</b>
<b>LR Ratio:</b>		<b>0.13</b>
<b>Trisomy21 Risk:</b>		<b>1 in 8144</b>

<u>Vessels</u>	<u>S/D</u>	<u>RI</u>	<u>PI</u>	<u>PI Percentile</u>	<u>Remarks</u>
<b>Right Uterine Artery</b>	5.15	0.81	1.98	99.94% +—————*	<b>Increased</b>
<b>Left Uterine Artery</b>	3.27	0.69	1.47	93.5% +—————*	Within Normal Limit
<b>Uterine Arteries Mean</b>			1.4	95% +—————*	Within Normal Limit
<b>PI =</b>					
<b>Umbilical Vein</b>	**	**	**	Non-pulsatile waveform (normal) Umbilical Vein	

Right Uterine artery shows mild high resistance flow. However, no reversal of diastolic flow noted average pulsatility index (PI) measures approx 1.4 (Normal i.e. < 95<sup>th</sup> percentile) according to fetal barcelona calculator.

## HEAD

**Head appears normal in size and shape.**

**Cerebral echostructure appears normal.**

The Cavum Septum Pellucidum is visualized. Both lateral ventricles appear normal in size. Transverse diameter at atrium measured 5 mm.

The cerebellum appears normal.

Cisterna magna 6.1 mm are normal.

No intracranial calcification is identified.

SPINE

Entire length of vertebral column is visualized. Vertebral alignment appears normal.

No large defect is visualized.

## NECK

No cystic lesion seen around the neck.

The Nuchal fold thickness measures 4 mm

## FACE

### **Fetal face seen in the coronal and profile view**

Both Orbita, nose and mouth appeared normal



(An intact PMT only rules out a cleft in the hard palate. Cleft in the soft palate cannot be diagnosed antenatally on USG)

### **THORAX**

Heart appears in the mid position.

Normal cardiac situs. Fetal cardiac movements are regular and FHR is within normal limit.

Outflow tracks appears normal.

Both lung seen.

No evidence of pleural or pericardial effusion.

No evidence of SOL in the thorax.

### **ABDOMEN**

Abdominal wall appears intact. Umbilical cord insertion was visualized.

Normal abdominal situs.

Fetal liver, gall bladder, stomach and bowel loops appear normal.

No evidence of ascites.

Abdominal wall intact.

Fetal both kidneys appeared normal. No pelvicalyceal dilatation.

Fetal urinary bladder appeared normal.

### **LIMBS**

All fetal long bones visualized and appear normal for the period of gestation.

Both hands and feet appeared grossly normal.

### **CONCLUSION:**

- **SINGLE LIVE INTRAUTERINE FOETUS OF 21 WEEKS 1 DAYS IS PRESENT.**
- **NO OBVIOUS FETAL STRUCTURAL ANOMALY IS DETECTED AT THIS STAGE.**

Advise:

- Quadruple Marker Test correlation for Aneuploidy risk
- Fetal echocardiography to rule out cardiac anomalies
- USG scan at 28 weeks for late evolving fetal anomalies

I, DR UDAY SINGH SENGAR declare that while conducting sonography on DIMPAL SOURABH GUPTA (name of pregnant woman), I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

*Dr. Uday Singh Sengar*  
DR UDAY SINGH SENGAR,  
MBBS, MD (RADIOLOGIST)  
Ref. No. MP-1542  
CCFRG, Certified NT Specialist  
Fetal Medicine Foundation, London (U.K.)  
(ID 308960)





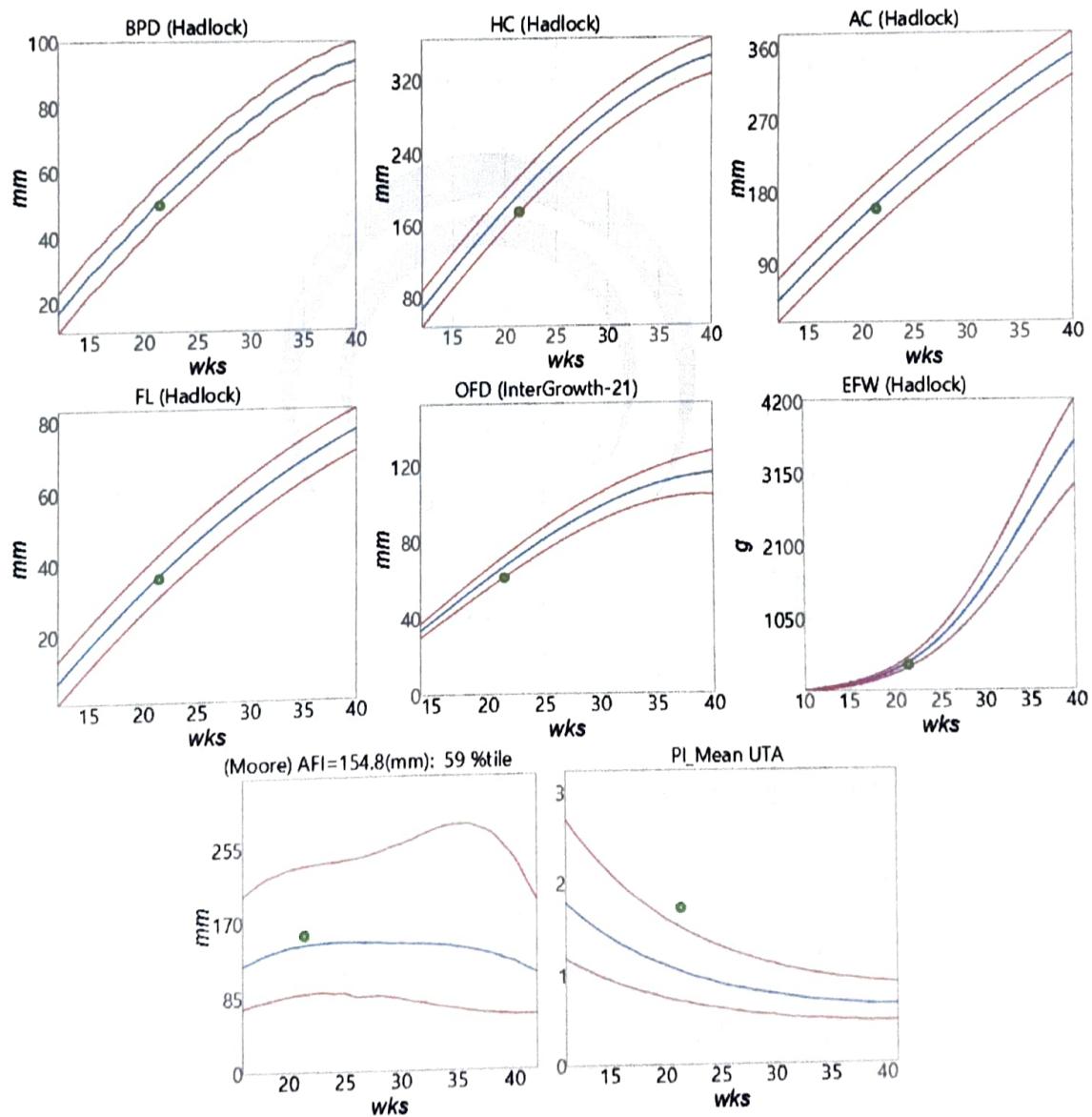
**General information for patient:**

1. Even with a very detailed ultrasound study, all abnormalities cannot be excluded - even if all available tests in the world are done, it is not possible to say with certainty that a given fetus is completely normal - this is because there are many rare conditions for which there are no tests available & few other abnormalities evolve (change/increase/decrease) over time. Not all abnormalities can be detected by scan and some abnormalities are such that it can be detected in some people, not in all.
2. All anomalies especially of the heart, limbs and chromosomal abnormalities cannot be picked up by ultrasound examination due to its known limitations and subtle defects may not be seen in all scans.
3. Fetal digital and ear evaluation are not a part of routine anomaly scan.
4. All measurements including estimated foetal weight, are subject to statistical variations. Please note that all anomalies especially of the heart, limbs and chromosomal abnormalities cannot be picked up by ultrasound examination due to its known limitations and subtle defects may not be seen in all scans. Fetal digital and ear evaluation are not a part of routine anomaly scan. The patient and relatives have been counseled about these technical limitations.
5. Because of small size of abnormal cardiac structure & limitations of resolution of equipment, several forms of congenital heart disease are difficult to diagnose in fetal life. E.g.: Small VSD, anomalous venous connections, Coronary artery anomalies, coarctation of aorta & mild valvular stenosis.
6. Because of fetal circulation it is not possible to diagnose certain condition E.g. :- PDA, Ostium secundum ASD.
7. Some cardiac defects may be missed at early pregnancy because they develop or progress in severity later in gestation. E.g.: Tetralogy of Fallot, coarctation of aorta, Restrictive foramen ovale, valvular stenosis/ Atresia. Some lesion have been reported to resolve as the pregnancy advances - E.g.: VSD, artial septal aneurysm.





8. This report is only a professional opinion based on the real time image findings and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings.
9. Kindly bring the previous ultra sound scan reports for reference.
10. Enclosed- Duly filled and signed F-Form with USG prints.



# शांतिरंजना विलनिक



डॉ. रविन्द्र गुप्ता

एम.बी.बी.एस., डी.एल.ओ.  
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Reg. No. : Mp-16614

डॉ. मोहित गुप्ता

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प्रसूति एवं स्त्री रोग विशेषज्ञ  
जिला चिकित्सालय, खरगोन  
Reg. No. : Mp-21299

समय : प्रतिदिन दोप. 2.00 बजे से 5.00 बजे तक एवं शाम 6.00 बजे से शाम 8.00 बजे तक (रविवार अवकाश)

Name of Patient : Dimple J. Sonwane Age : 21 F Date : 20/02/25  
05/02/25

DOB: 30/07/1993 LMP: 17/08/25  
- 7d in date. FAD: 24/15/26  
- No H/o medical history  
H/o: primi

Adv  
Target beam PA 16-18 cm fig.  
Quadruplet marker. Rely - To maintain sleeping on  
the week (4)

- CR 8 mm  
- 78H  
- RBS

- Tab. Dydrobrom 50 mg OD  
x 3 mth.  
- Tab. Rubined 0.04% 30 ml  
- Tab. Mepical Astring 0.04% 30 ml

P  
BP  
SpO<sub>2</sub> 98%

श्री गुरुकृपा मेडिकल स्टोर्स

सनावद रोड, एस्सार पेट्रोल पम्प के आगे, खरगोन  
आने के पूर्व अपॉइंटमेंट लेकर ही आवे : 9407133250, 9399377690

Dr  
Report