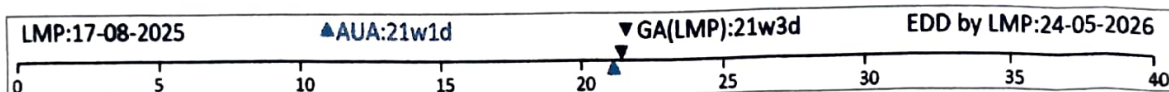




Patient Name: DIMPAL SOURABH GUPTA	Date: 14/01/2026
Ref Phy: DR. MOHIT GUPTA SIR M.B.B.S. D.G.O.	Age/Sex: 21 Years / FEMALE

MID TRIMESTER ANOMALY SCAN



Dating	LMP	GA	EDD
		Weeks	Days
By LMP	LMP: 17/08/2025	21	3
By USG		21	1

AGREED DATING IS (BASED ON LMP)

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

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	Absent
6	Short Humerus	Absent
7	Short Femur	Absent
8	Aberrant Right Subclavian Artery	Absent
9	Absent or Hypoplastic Nasal Bone	Normal size
Apriori Risk (From Maternal Age):		1 In 1060
LR Ratio:		0.13
Trisomy21 Risk:		1 In 8144

Vessels	S/D	RI	PI	PI Percentile	Remarks
Right Uterine Artery	5.15	0.81	1.98	99.94%	Increased
Left Uterine Artery	3.27	0.69	1.47	93.5%	Within Normal Limit
Uterine Arteries Mean PI =			1.4	95%	Within Normal Limit
Umbilical Vein	**	**	**	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. < 95th 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 Orbits, 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,
MBBS, MD (RADIOLOGIST)
CCFRG, Certified NT Specialist
Fetal Medicine Foundation, London (U.K.)
(ID 308960)





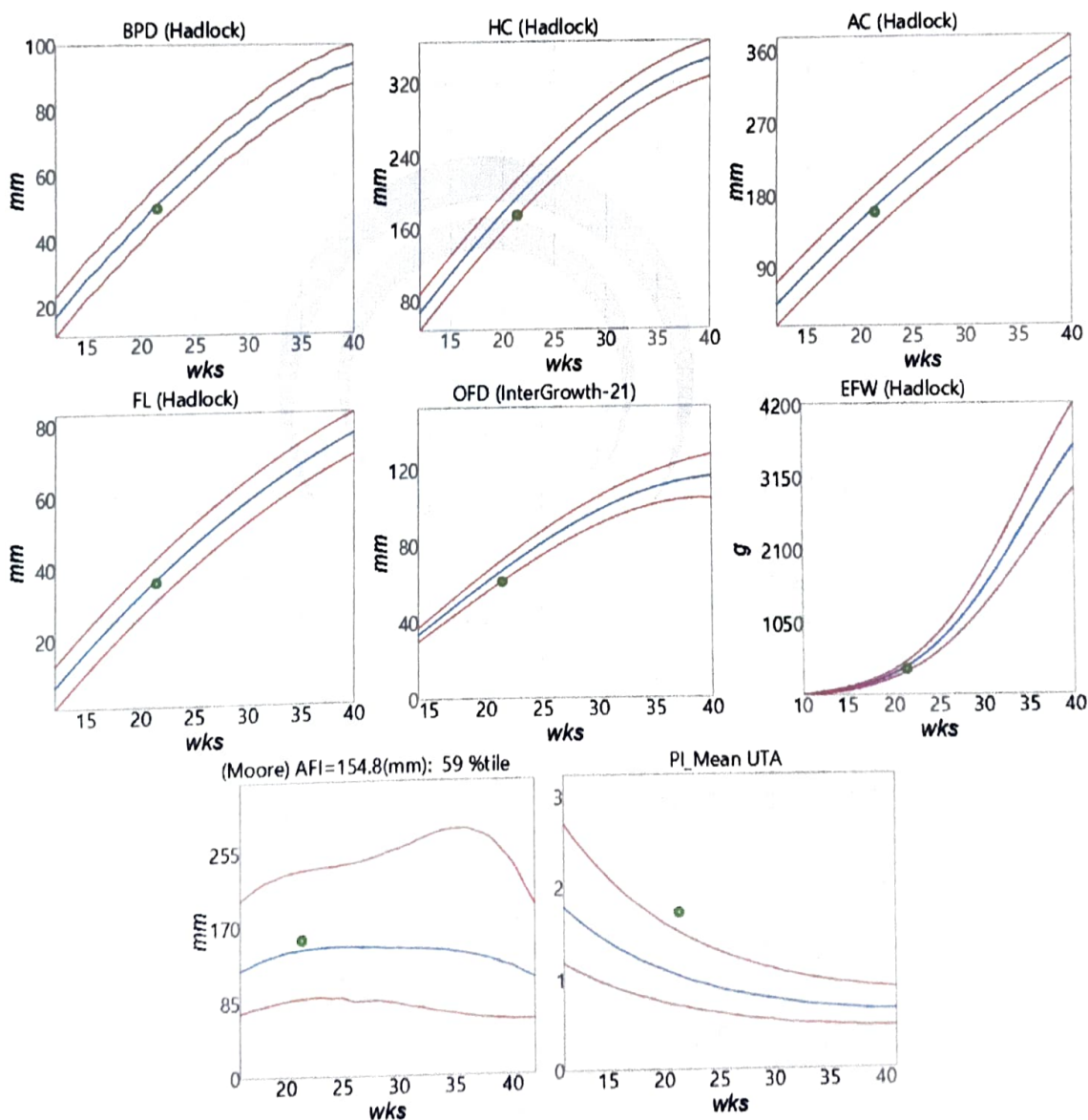
General information for patient:

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, atrial 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 क्लिनिक

डॉ. रविन्द्र गुप्ता

एम.बी.बी.एस., डी.एल.ओ.
न. ह. कान, गला रोग विशेषज्ञ
जिला चिकित्सालय, खरगोन
Reg. No. : Mp-16614



डॉ. मोहित गुप्ता

एम.बी.बी.एस., डी.जी.ओ.
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 Ms. Dimple / Sourabh Age 21/5 Date 20/12/25
05/01/26

Cl: 5mth ANC

- 7d in done.

- No H/O medical history

H/O primis

LMP 17/08/25

FPD 24/15/26

Adv

Target Scan

Quadruple marker

PA 16-18wks for

Policy - In maintaining screening only
can week (4)

- CBC
- Urine

- TSH

- RBS

P

BP

SpO₂ 98%

- Tab Hydrosone 50mg OD
x 1 mth.

- Tab. Rubred 00x30c

- Tab Maxical Active 00x30c

श्री गुरुकृपा मेडिकल स्टोर्स

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

Dr. Mohit Gupta