

24/2/26

① Mrs. Puiyal Jain

Age - 24 y/f

Quadruple Marker

DOB - 9/8/1998

LMP - 4/9/2025

Height - 4 "9"

Weight - 68 Kg.

DR. PURVI AGRAWAL

MBBS, DGO, DNB, FETAL MEDICINE

CG 6950/2016

Patient name	Mrs. PRIYAL JAIN	Age/Sex	27 Years / Female
Patient Id	I 0001881	Visit no	1
Referred by	Dr. MANISHA SAO	Visit date	23/01/2026
LMP date	04/09/2025, LMP EDD: 11/06/2026[20W 1D]		

OB - 2/3 Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Maternal

Cervix measured 3.2 cm in length.

Internal os closed

Right Uterine	0.72	● — (5%)
Left Uterine	0.94	— ● (31%)
Mean PI	0.83	— ● (17%)

Fetus

Survey

Presentation - VARIABLE

Placenta - POSTERIOR HIGH

Liquor - Normal

Single deepest pocket = 4 cm

Umbilical cord - Two arteries and one vein

Fetal activity present

Cardiac activity present

Fetal heart rate - 165 bpm

Biometry

BPD 47.2 mm 20W 1D (56%ile)	HC 168.8 mm 19W 4D (24%ile)	AC 141.99 mm 19W 4D (32%ile)	FL-Rt 30.89 mm 19W 4D (27%ile)	EFW BPD,HC,AC,FL 301 grams (28%ile)
5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%

Long bones	Right (mm)
Tibia	26.36, 19W 5D (38%)
Fibula	26.54, 19W 2D (38%)
Humerus	29.83, 19W 6D (43%)
Radius	27.17, 20W 2D (52%)
Ulna	26.71, 19W 2D (31%)

Foot Length : 2.9 mm

TCD : 19.53 mm

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FETAL MEDICINE

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Tatibandh, Raipur (C.G.) 9742102011



DR. PRIYAL JAIN / I 0001881 / 23/01/2026 / Visit No 1

Aneuploidy Markers

Nasal Bone : 5.41 mm - Present
Nuchal Fold : 6.43 mm - Increased

Fetal Anatomy

Head

Left lateral ventricle measured 6.5 mm
Cisterna magna measured 3.32 mm
Midline falx seen.
Both lateral ventricles appeared normal.
Posterior fossa appeared normal.
No identifiable intracranial lesion seen.

Neck

Fetal neck appeared normal.

Spine

Entire spine visualised in longitudinal and transverse axis.
Vertebrae and spinal canal appeared normal

Face

IOD 11.45 mm
BOD 32.54 mm
Fetal face seen in the coronal and profile views.
Both orbits, nose and mouth appeared normal

Thorax

Both lungs seen.
No evidence of pleural or pericardial effusion.
No evidence of SOL in the thorax.

Heart

Heart appears in the mid position.
Normal cardiac situs. Four chamber view normal.
Outflow tracts appeared normal.

Abdomen

Abdominal situs appeared normal.
Stomach and bowel appeared normal.
Normal bowel pattern appropriate for the gestation seen.
No evidence of ascites.
Abdominal wall intact.

KUB

Right and Left kidneys appeared normal.
Bladder appeared normal

Extremities

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



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Impression

- SINGLE LIVE INTRAUTERINE GESTATION
- ESTIMATED GESTATIONAL AGE BY FETAL BIOMETRY : 19 WEEKS 05 DAYS +/- 1 WEEK.
- ESTIMATED FETAL WEIGHT ACCORDING TO BPD, HC, AC, FL: - 301 +/- 44 GMS
- AGREED EDD (AS PER LMP): 11/06/2026
- NO OBVIOUS STRUCTURAL CONGENITAL ABNORMALITIES DETECTED FOR GESTATION.
- **INCREASED NUCHAL FOLD.**
- PLACENTA: POSTERIOR HIGH
- CERVICAL LENGTH: 32 cm: NORMAL
- UTERINE ARTERY DOPPLER: SCREEN NEGATIVE FOR PREECLAMPSIA

I have explained the scan finding of increased nuchal fold thickness to couple in detail.

In view of increased nuchal fold thickness the final risk of Down's syndrome is 1: 997 (please see attached soft marker risk calculator sheet)

Mrs PRIYAL JAIN understand that this is risk assesement only.

I have explained in detail that chromosomal abnormalities can not be diagnosed by ultrasound or blood test on their own.

The only way to know the chromosomal make up of the fetus is by Microarray from amniocentesis. I have explained the procedure and risks including 0.1% chance of procedure related miscarriage.

Please note:

Ultrasound scanning cannot detect all fetal abnormalities and genetic syndromes. Even though this scan has been performed as per current international guidelines and protocols for fetal imaging, certain abnormalities may go undetected due to several reasons such as maternal body habitus, unfavorable fetal position and or abnormal amount of amniotic fluid. Assessment of small fetal parts such as fingers, toes, ears and eyes does not come within the scope of the targeted anomaly scan always. Certain fetal parts are not amenable for prenatal evaluation such as inner ear, retina, gastro-intestinal tract etc. Subtle anomalies such as mild facial dysmorphism, clefts of posterior palate, small cardiac septal defects may not be evident until after birth. Some abnormalities may evolve as gestation advances, and obviously those cannot be detected at current gestation.

Declaration:

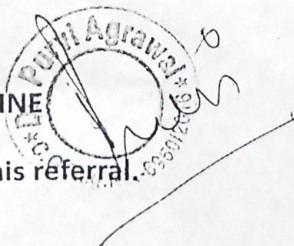
I, Dr. PURVI AGRAWAL, declare that while conducting ultrasonography on Mrs. PRIYAL JAIN, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

DR. PURVI AGRAWAL

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Thank you for the courtesy of this referral.



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SECOND TRIMESTER RISK ASSESSMENT OF TRISOMY 21

SOFT MARKER:

PATIENT AGE: 27 YEARS

PATIENT AGE RISK : 1050

FIRST TRIMESTER COMBINED RISK: 1: 3781

Marker	Present/Absent (choose from drop-down)	LR
Intracardiac echogenic focus	Absent	0.80
Mild hydronephrosis	Absent	0.92
Short femur	Absent	0.80
Echogenic bowel	Absent	0.90
Increased nuchal fold	Present	23.30
Aberrant right subclavian artery	Absent	0.71
Absent or hypoplastic nasal bone	Normal size	0.46
Ventriculomegaly	Absent	0.94
LR for combination:	3.79	

FINAL RISK = COMBINED RISK / LR

3781 / 3.79 = 997 (INTERMEDIATE RISK)

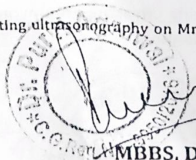
Please note:

All abnormalities and genetic syndromes cannot be ruled out by ultrasound examination.

Ultrasound examination has its own limitations. Some abnormalities evolve as the gestation advances. The pickup rate of abnormality depends on gestational age of the fetus, fetal position, tissue penetration of sound waves, and patient's body habitus.

Declaration:

I, Dr. PURVI AGRAWAL, declare that while conducting ultrasonography on Mrs. Priyal Jain, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.



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Thank you for the courtesy of this referral.

The report expressed is subject to the inherent limitations of the modality. Always correlate clinically and with other investigations to arrive at the final diagnosis. The report and films are not valid for medicolegal purpose.