

Sandhu Diagnostics

Sonography, Color Doppler, Fetal Echo, Digital X-Ray, Digital OPG/Ceph Clinic

Dr. Narinder Singh Sandhu

(Consultant Radiologist)

M.B.B.S., M.D.(Radiology)

(Govt. Medical College, Jabalpur)

Regn No. - BMC 10078

1290, Wright Town, Manas Bhawan Chowk

Corner Building, 1st Floor, Above BOSCH,

Beside Hotel Chandni, JABALPUR (MP) - 482002

For Appointment - 0761-2414436

WhatsApp - 9424320733

Sunday Closed

(Radiological & Imaging Investigations have their own limitations. The report below is an opinion only & not the final diagnosis. This opinion is to be correlated with clinical profile & relevant investigations. Patient's identity is not verified, hence not valid for Medico-Legal purposes.)

Patient Name: ANUSHRI DUBEY	Date: 02/03/2024
Ref Phy: DR. PRIYA DUGGAL MS	Age/Sex: 27 Years / FEMALE

SONOGRAPHY OF GRAVID UTERUS (Level II)

- ▲ This examination shows a single live fetus in oblique lie.
- ▲ Placenta is located in the posterior uterine wall, about 75.8mm above internal os with Grade 0 maturity.
- ▲ Amniotic fluid is just sufficient in amount for this GA. AFI= 8.4cms.
- ▲ Fetal cardiac activity & body/limb movements are present. Fetal HR = 144bpm, ®ular.
- ▲ No fluid collection seen in the abdominal, pleural & pericardial cavities.
- ▲ Fetal stomach, kidneys & urinary bladder are visualized.
- ▲ No spinal anomaly seen. Scalp & skin over spine is smooth.
- ▲ LMP=10/10/2023 GA(LMP)= 20wks 4days EDD(LMP)=16/07/2024
- ➡ BPD=47mm which corresponds to about 20wks 1day of GA.
- ➡ HC=166mm which corresponds to about 19wks 2days of GA.
- ➡ AC=144mm which corresponds to about 19wks 5days of GA.
- ➡ FL=31mm which corresponds to about 19wks 3days of GA.
- ➡ HL=31mm which corresponds to about 20wks 3days of GA.
- ➡ Lateral Ventricle= 6.7mm.
- ➡ Nuchal Thickness = 1.20mm (spontaneous regression of abnormal nuchal translucency after 14 weeks does not necessarily mean a normal karyotype).
- ➡ Cerebellar diameter = 20.8mm which corresponds to about 19wks 6days of GA.

P.T.O.

Sandhu Diagnostics

Sonography, Color Doppler, Fetal Echo, Digital X-Ray, Digital OPG/Ceph Clinic

Dr. Narinder Singh Sandhu

(Consultant Radiologist)

M.B.B.S., M.D.(Radiology)

(Govt. Medical College, Jabalpur)

Regn No. - BMC 10078

1290, Wright Town, Manas Bhawan Chowk
Corner Building, 1st Floor, Above BOSCH,
Beside Hotel Chandni, JABALPUR (MP) - 482002

For Appointment - 0761-2414436

WhatsApp - 9424320733

Sunday Closed

(Radiological & Imaging Investigations have their own limitations. The report below is an opinion only & not the final diagnosis. This opinion is to be correlated with clinical profile & relevant investigations. Patient's identity is not verified, hence not valid for Medico-Legal purposes.)

-2-

- Radius= 25.8mm which is at 50th percentile.
- Ulna= 29.0mm which is above 50th percentile.
- Tibia= 30.1mm which is above 50th percentile.
- Fibula= 28.9mm which is above 50th percentile.
- Foot= 32.6mm which is near 50th percentile.
- Nasal bone= 8.0mm which is above 50th percentile.
- IOD = 11.9mm which is at 50th percentile.
- OOD = 32.9mm which is at 50th percentile.
- Effective fetal age at present is about of 20wks 1day.
- ▲ Average GA. is WNL of the period of amenorrhea.
- ▲ Effective fetal weight at present is about 307gms.
- ▲ Umbilical cord insertion seen. Three vessel umbilical cord seen.
- ▲ There are normal low resistance utero-placental waveforms, upper normal limit on left side (1.05). Mean PI of utero-placental waveform is 0.93 (Normal).
- ▲ Cervical length measures normal (49.4mm).
- ▲ FL/AC = 21.22% , FL/BPD = 65.63% , CI = 79.48% , HC/AC = 1.1

Impression: Study shows

- A single live fetus of 20wks 1day of GA. in oblique lie with just sufficient amniotic fluid at the time of examination.
- Normal low resistance utero-placental waveforms, upper normal limit on left side (1.05). Mean PI of utero-placental waveform is 0.93 (Normal). Suggests follow up study to assess the interval growth. (While conducting USG I, Dr. N S Sandhu have neither detected nor disclosed the sex of her fetus to anybody in any manner.)

P.T.O.

NS

Sandhu Diagnostics

Sonography, Color Doppler, Fetal Echo, Digital X-Ray, Digital OPG/Ceph Clinic

Dr. Narinder Singh Sandhu

(Consultant Radiologist)

M.B.B.S., M.D.(Radiology)

(Govt. Medical College, Jabalpur)

Regn No. - BMC 10078

1290, Wright Town, Manas Bhawan Chowk

Corner Building, 1st Floor, Above BOSCH,

Beside Hotel Chandni, JABALPUR (MP) - 482002

For Appointment - 0761-2414436

WhatsApp - 9424320733

Sunday Closed

(Radiological & Imaging Investigations have their own limitations. The report below is an opinion only & not the final diagnosis. This opinion is to be correlated with clinical profile & relevant investigations. Patient's identity is not verified, hence not valid for Medico-Legal purposes.)

-3-

EVALUATION FOR CONGENITAL ANOMALIES (STRUCTURE CHECK LIST)

1. Fetal head: Midline falx seen. No ventriculomegaly/hydrocephalus. Cisterna magna appears normal. No encephalocele. No intra cranial cyst.
2. Fetal face: Both orbits and mouth appeared normal.
3. Fetal neck: No cystic hygroma.
4. Fetal spine: Vertebra and spinal canal appeared normal. No evidence of open spinal dysraphism.
5. Fetal chest: Diaphragm is in normal position. No evidence of pleural effusion or pericardial effusion. No evidence of SOL in the thorax.
6. Fetal heart: Four chamber heart seen. Abdominal situs appears normal. Normal sinus rhythm & situs solitus noted. Patent IAS with foramen ovale seen. Aortic arch & great vessels appear normal. Both atria appear normal. Normal inter-ventricular septum noted.
7. Fetal abdomen: Stomach bubble is normally visualized. Fetal both kidneys are normal in position and size. No evidence of hydronephrosis. Fetal urinary bladder is normally visualized. The abdomen wall is normal.
8. Fetal limbs: All four limbs are visualized. No evidence of club foot. The fingers could not be commented upon due to clenched fist.
9. Umbilical cord: Umbilical cord insertion seen. Shows one vein & two arteries.

▲ **No obvious gross fetal anomaly was detected at this examination.**

(It must be noted that the detailed fetal anomaly may not always be visible due to technical difficulties related to fetal positions, fetal age, amniotic fluid volume, fetal movements and abdominal wall thickness. Therefore, all fetal anomalies may not necessarily be detected at every examination. Fetal anomalies that may not be apparent by 20-24wks gestation are some forms of hydrocephalus, micro-cephalus, some cardiac defects, hirschsprung disease, micro-opthalmia, gastrointestinal obstruction, polycystic renal dysplasias, hydronephrosis and heterozygous achondroplasia.)

(While conducting USG I, Dr. N S Sandhu have neither detected nor disclosed the sex of her fetus to anybody in any manner.)

NS

Sandhu Diagnostics

Sonography, Color Doppler, Fetal Echo, Digital X-Ray, Digital OPG/Ceph Clinic

Dr. Narinder Singh Sandhu

(Consultant Radiologist)

M.B.B.S., M.D.(Radiology)

(Govt. Medical College, Jabalpur)

Regn No. - BMC 10078

1290, Wright Town, Manas Bhawan Chowk

Corner Building, 1st Floor, Above BOSCH,

Beside Hotel Chandni, JABALPUR (MP) - 482002

For Appointment - 0761-2414436

WhatsApp - 9424320733

Sunday Closed

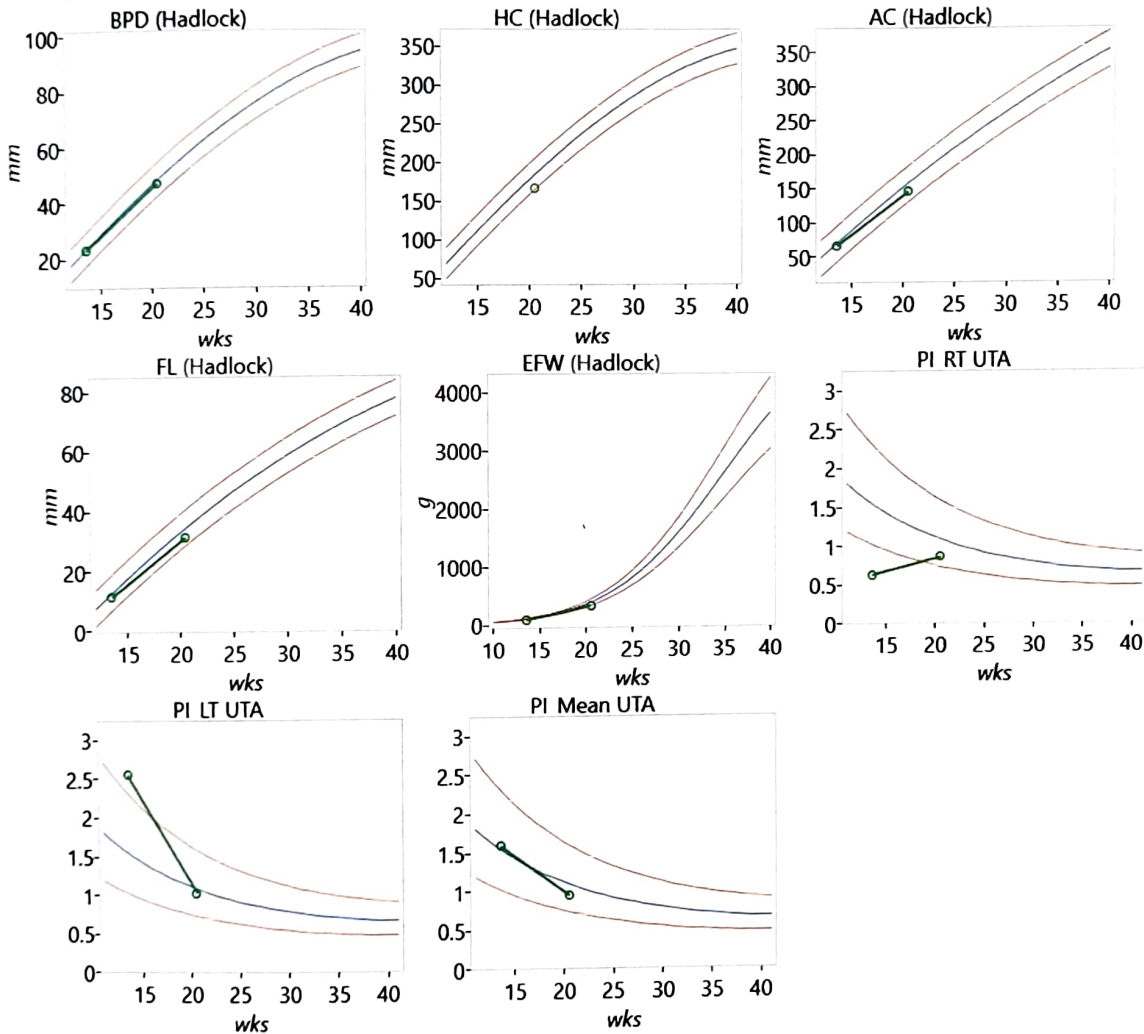
(Radiological & Imaging Investigations have their own limitations. The report below is an opinion only & not the final diagnosis. This opinion is to be correlated with clinical profile & relevant investigations. Patient's identity is not verified, hence not valid for Medico-Legal purposes.)

Patient Name: ANUSHRI DUBEY

Date: 02/03/2024

Ref Phy: DR. PRIYA DUGGAL MS

Age/Sex: 27 Years / FEMALE



MS

DIAGNOSTICS

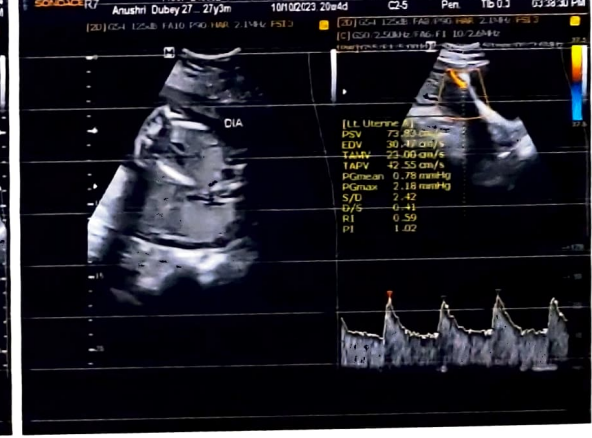
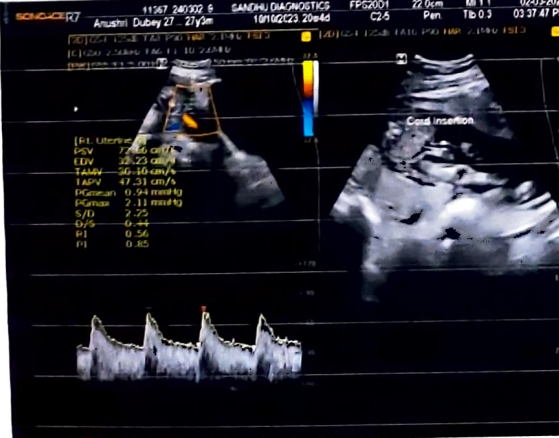
Name: Anushri Dubey

Age: 27 Y

Sex: Female

RefDr: Priya Duggal MS

Date: 02-Mar-2024



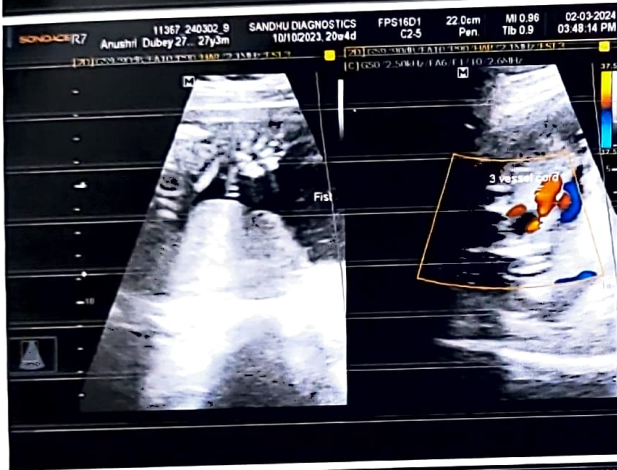
Name: Anushri Dubey

Age: 27 Y

Sex: Female

RefDr: Priya Duggal MS

Date: 02-Mar-2024



Sandhu Diagnostics

Sonography, Color Doppler, Fetal Echo, Digital X-Ray, Digital OPG/Ceph Clinic

Dr. Narinder Singh Sandhu
(Consultant Radiologist)
M.B.B.S., M.D.(Radiology)
(Govt. Medical College, Jabalpur)
Regn No. - BMC 10078

1290, Wright Town, Manas Bhawan Chowk
Corner Building, 1st Floor, Above BOSCH,
Beside Hotel Chandni, JABALPUR (MP) - 482002
For Appointment - 0761-2414436
WhatsApp - 9424320733
Sunday Closed

(Radiological & Imaging Investigations have their own limitations. The report below is an opinion only & not the final diagnosis. This opinion is to be correlated with clinical profile & relevant investigations. Patient's identity is not verified, hence not valid for Medico-Legal purposes.)

Patient Name: ANUSHRI DUBEY	Date: 02/03/2024
Ref Phy: DR. PRIYA DUGGAL MS	Age/Sex: 27 Years / FEMALE

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 830
	LR Ratio:	0.13
	Trisomy21 Risk:	1 in 6377

Preeclampsia risk From (fetalmedicine.org UK)			
History only		History plus MAP, UTPi	
< 32 weeks:	1 in 667	< 32 weeks:	1 in 10000
< 36 weeks:	1 in 114	< 36 weeks:	1 in 2000
Recommendation			
The risk of preeclampsia was assessed by a combination of maternal characteristics and medical history with measurements of blood pressure and blood flow to the uterus.			
On the basis of this assessment the patient is unlikely to develop PE before 36 weeks. However, it is recommended that the risk for term-PE is assessed at 36 weeks.			

NS