Fetovision scans
we are here to care

Dr.Nirupa Daya Dayanand M.B.B.S,M.S.OG, P.D.F.FM
[Post Doctoral 3 years Fellowship in Fetal Medicine (Mediscan)]

● Fetal Ultrasounds ● Specialised Fetal Interventions ● Genetic Clinic ● Genetic Counselling

Patient name	Mrs. DHARSHANA MR PRINCE NAVEEN	**Age/Sex**	24 Years / Female
Patient ID	FV000462	**Visit no**	3
Referred by	Dr. SHEELA RAJAPANDIAN	**Visit date**	30/01/2023

Indication(s)

Aberrant Course of Right Subclavian Artery(ARSA) and EICF on Target scan

T21 Intermediate risk(1:401)

AMNIOCENTESIS

Needle Used : 22G 9CM

Blood group - B 'Positive'

Procedure details

Under aseptic precautions , patient positioned , parts painted and draped.Under ultrasound guidance 22G 9cm BD Quincke needle inserted into the uterine cavity and the first drawn 0.5ml of amniotic fluid discarded.Then 18ml of straw coloured amniotic fluid aspirated and sent for Karyotype and FISH analysis(T13.Y18,T21,X and Y)

Complications

Nil

Post procedure Fetal Heart Rate - 143bpm

Impression

In case of lower abdominal discomfort , bleeding or leaking per vaginum to revert to their Obstetrician at the earliest.

Nirupa Daya.R

DR.NIRUPA DAYA DAYANAND

Dr. Nirupa Daya Dayanand, MBBS, MS (OG),
Fellowship In Fetal Medicine,
Regn No: 94744

PCPNDT Regn No-PNA/OO8558/2022 "As per PCPNDT act,I have neither detected nor disclosed the sex of the foetus of the pregnant woman to anybody"

Fetovision
we are here to care

Dr.Nirupa Daya Dayanand M.B.B.S,M.S.OG,
[Post Doctoral 3 years Fellowship in Fetal Medicine (Med

● Fetal Ultrasounds ● Specialised Fetal Interventions ● Genetic Clinic ● Genetic Couns

Patient name	Mrs. DHARSHANA MR PRINCE NAVEEN	**Age/Sex**	24 Years / Female
Patient ID	FV000462	**Visit no**	2
Referred by	Dr. SHEELA RAJAPANDIAN	**Visit date**	27/01/2023

Aberrant course of right subclavian artery
Echogenic Intra Cardiac Focus(EICF)

STRUCTURALLY NORMAL HEART

Comment:
Today's scan findings explained to the patient and her mother.
Abeerant Course Of Right Subclavian Artery and EICF noted.These are considered as major and minor markers for Down syndrome respectively.No other aneuploidy markers seen in today's scan.
The patient has done First Trimester Combined Screening and the final risk for Down syndrome is low (1:8524).However a modified genetic sonogram risk using this as the baseline risk falls in the Intermediate category (1:401).

Hence the following options discussed with them:
1.Invasive testing :Amniocentesis for absolute chromosomal normalcy.The pros,cons,risks and costs explained.
2.Conservative care:
Routine review for growth scan at 28 weeks.Postnatal evaluation of the baby if required.

In the presence of a normal Karyotype both these markers have no antenatal or postnatal implications for the fetus.They have been asked to discuss with their obstetrician and revert back to us regarding further management plan.

Nirupa Daya.D

DR.NIRUPA DAYA DAYANAND
Dr. Nirupa Daya Dayanand, MBBS, MS (OG),
Fellowship In Fetal Medicine,
Regn No: 94744

Disclaimer

Intention of fetal echo is to rule out major cardiac anomalies and it is difficult to detect certain defects before birth. These include certain holes in the heart, mid valve problems.Sometimes it may not be possible to see every part of the large blood vessels leading out of the babys heart.Moreover certain conditions may evolve during pregnancy(heart muscle disease, heart rhythm problems,valve narrowing/ leak)which may not be seen at the particular time of scan.Few findings may be a variation from normal but may need repeat scanning to make sure it does not evolve into a disease/defect.

PCPNDT Regn No-PNA/OO8558/2022 "As per PCPNDT act,I have neither detected nor disclosed the sex of the foetus of the pregnant woman to anybody"