



Infertility Clinic - babu scans

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10/6/2004
46A90

REF BY DR. V.BHUVANESWARL,

REAL TIME B MODE ULTRASOUND OF GRAVID UTERUS SHOWED.

SINGLE LIVE FOETUS IN BREECH PRESENTATION.

B.P.D MEASURED 8.7 CMS WHICH CORRESPONDING TO 35.2 WKS.

FEMUR	"	6.8 CMS	"	"	35.0 WKS.
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TIBIA	"	6.0 CMS	"	"	36.0 WKS.
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H.C	"	32.9 CMS	"	"	37.3 WKS.
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A.C	"	28.6 CMS	"	"	32.4 WKS.
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FOETAL HEART BEATINGS PRESENT.

FOETAL HEART BEATINGS RATE 141/min.

FOETAL RESPIRATORY MOVEMENTS PRESENT.

FOETAL STOMACH, BUBBLE, BLADDER, KIDNEYS VISUALISED.

FOETAL SPINE TO THE RIGHT AND POSTERIOR.

ANTERIOR ABDOMINAL WALL APPEARS TO BE NORMAL.

ESTIMATED FOETAL BODY WEIGHT 2.4 KGS +/- 367 GRAMS.

LIQUOR SCANTY. A.F.I. 9 CMS.

PLACENTA FUNDAL ANTERIOR GRADE II to III.

HEAD IN THE FUNDAL REGION.

ESTIMATED DELIVERY DATE OF SCAN CORRESPONDS TO PATIENT DATES.

E.D.D BY SCAN - 11-7-2004.

E.D.D BY DATES - 7-7-2004.

NO ULTRASONICALLY DETECTABLE CONGENITAL ANOMALIES PRESENT.

IMP: SINGLE LIVE FOETUS IN BREECH PRESENTATION AT 35 WEEKS. 4 DAYS +/- 3 WEEKS OF GESTATIONAL AGE.

DR. V. BHUVANESWARL,

NOTE: Recommended USG screening for obstetric patients: First scan by 10 weeks to date the pregnancy, to rule out multifetal pregnancy, second scan at 22 weeks to rule out congenital anomalies and third at 34 weeks to assess liquor volume, interval growth and rule out late manifest anomalies. About 20 % of anomalies (eg. cardiac) may not be diagnosed by ultrasound scanning. Please advise scan in all three trimesters to assess anomalies & IUGR. Please review Patients if sonar / Clinical findings don't correlate. Assessment of Foetal anomalies has limitation and the report is not valid for Medico legal purpose.