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| **NAME : MRS.RAKHI MANE** | **DATE : 05/10/2019** |
| **AGE / SEX : 24 Y / F** | **REF.BY : GYNAC. DEPT** |

**OBSTETRIC USG (ANOMALY SCAN)**

**LMP: 16/09/2017 GA BY LMP: 26 WEEKS 4 DAYS EDD BY LMP: 22/04/2018**

**GA BY USG: 25 WEEKS 6 DAYS EDD BY USG: 27/04/2018**

* A single live intrauterine fetus is noted in **changing lie and variable presentation** at the time of scan.
* **Fetal cardiac activity is seen. FHR=129 b /min.**
* **Fetal movements appear normal.**
* **Placenta is ANTERIOR, grade I maturity, not low- lying.**
* Amniotic fluid is adequate. **AFI- 12 cm.**
* Internal Os is closed**. Cervical length - 3.1 cm.**

**FETAL GESTATIONAL PARAMETERS ARE:-**

**BPD = 6.29 cms (25 weeks 4 days) HC = 23.85 cms (26 weeks 0 days)**

**AC = 20.99 cms (25 weeks 4 days) FL = 4.83 cms (26 weeks 2 days)**

**HL = 4.50 cms (26 Weeks 5 days)**

**APPROX. FETAL WEIGHT - 854 + 125 gms.**

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| **Both lateral ventricles appear normal.** | **Single stomach bubble is noted** |
| **Cerebellum appears normal** | **Both kidneys are seen.** |
| **Cisterna magna appears normal** | **Urinary Bladder is distended** |
| **Spine appears grossly normal** | **Cord insertion & diaphragm appear normal** |
| **Four chamber fetal heart is seen. Outflows tracts appear normal** | **Three vessel umbilical cord is seen** |
| **Facial structures appear normal** | **Both upper & lower limbs appear normal** |

**Both uterine arteries show normal high diastolic flow.**

**IMPRESSION *:***

* **A single live intrauterine fetus in changing position at the time of scan with average gestational age of 23 weeks 3 days.**
* **No obvious structural anomalies noted in present study.**

**Suggest follow up with clinical correlation.**

***(Report sent with due compliments to Dr)***

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| **DECLARATION OF PREGNANT WOMAN*:-***  I, (**MRS.RAKHI MANE**) declare that by undergoing ultrasonography / image scanning etc. I do not want to know the sex of my fetus.  *Signature of pregnant woman* | |
| **Depending on the period of the gestation, fetal position, amount of liquor and maternal abdominal wall thickness, all fetal anomalies may not be seen on USG.**  **Fetal ECHO is not part of this report.**  **During the study I have neither declared nor disclosed the sex of her fetus to anybody in any manner.** | **DR. SEEMAB BANADAR**  **MD (RADIOLOGY)**  **(CONSULTANT RADIOLOGIST)** |

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| **NAME : MRS. ASMITA MULIK** | **AGE / SEX : 39 Y/ F** |
| **DATE : 05/10/2019** | **REF.BY : GYNAC.DEPT** |

**FETAL ECHOCARDIOGRAPHY**

* Abdominal and cardiac situs appear normal.
* Fetal cardiac activity is seen. It shows normal rate and rhythm.

**FHR=178 b/min.**

* Both atrium as well as ventricles appear normal.
* Normal looking mitral and tricuspid valves are seen.
* Inter-atrial septum (IAS) with foramen ovale is seen
* Normal inter-ventricular septum is seen.
* Aorta seen arising from left ventricle and appears normal. Aortic valve appears normal. Aortic arch and great vessels appear normal.
* Pulmonary artery is seen arising from right ventricle and appears normal.
* Pulmonary valve appears normal. Pulmonary artery bifurcation appears normal.
* Ductus arteriosus appears normal.

**IMPRESSION –**

* **Normal fetal echocardiography**

***ASD/PDA can’t be diagnosed in fetal circulation as they are physiological and close at birth.***

***PS : FETAL ECHO CARDIOGRAPHY IS INCAPABLE OF DETECTING SOME CARDIAC DEFECTS AND CAREFUL FOLLOW UP IS MANDATORY. Fetal echo study must be followed by post-natal confirmation.***

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| **DECLARATION OF PREGNANT WOMAN*:-***  I, (**MRS. SHUBANGI TAKAMARE**) declare that by undergoing ultrasonography / image scanning etc. I do not want to know the sex of my fetus.  *Signature of pregnant woman* | |
| **Depending on the period of the gestation, fetal position, amount of liquor and maternal abdominal wall thickness, all fetal anomalies may not be seen on USG.**  **During the study I have neither declared nor disclosed the sex of her fetus to anybody in any manner.** | **DR. SEEMAB BANADAR**  **MD (RADIOLOGY)**  **(CONSULTANT RADIOLOGIST)** |