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| **Patient Name** | **:** | **SAVITA MANE** | **Age/Sex** | **:** | **22 Yrs/F** |
| **Ref. By** | **:** | **Dr. MANE AMIT** | **Date** | **:** | **23-Mar-2019** |

**USG OBSTERTIC STUDY (ANOMALY SCAN)**

**LMP : 06/02/2019 GA BY LMP: 21 WEEKS 0 DAY EDD BY LMP:13/11/2019**

**Fetus A GA BY USG: 20 WEEKS 3 DAY EDD BY USG: 17/11/2019**

**Fetus B GA BY USG: 20 WEEKS 5 DAY EDD BY USG: 15/11/2019**

* **There is evidence of twin live intrauterine gestation.**
* **A thin membrane is seen separating two feti with single placenta noted posteriorly. It shows grade 0 maturity and is not low lying - MONOCHORIONIC DIAMNIOTIC TWIN PREGNANCY.**
* **Internal Os is closed. Cervical length is 3.1 cm.**
* **Amniotic fluid is adequate.** **AFI – 17** **cm.**

**FETUS (A)**

* **Fetus A is seen to the left of maternal spine.**
* **Foetus is seen in changing lie and variable presentation in present study.**
* **Fetal cardiac activity is noted.** **FHR-144 b/min**

**FETAL GESTATIONAL PARAMETERS ARE:-**

**BPD** = 4.99 cms (21 weeks 1 day) **HC**= 18.25 cms (20 weeks 4 days)

**AC** =13.95 cms (19 weeks 2 days) **FL** = 3.42 cms (20 weeks 5 days)

**HL** = 3.26 cms (21 weeks 0 days)

**Average gestational age - 20 weeks 3 day.**

**Fetal weight = 332 + 48 gms**

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

**FETUS (B)**

* **Fetus B is seen to the right of maternal spine.**
* **Foetus is seen in changing lie and variable presentation in present study.**
* **Fetal cardiac activity is noted.** **FHR-138 b/min**

**FETAL GESTATIONAL PARAMETERS ARE:-**

**BPD** = 4.87 cms (20 weeks 5 days) **HC**= 17.78 cms (20 weeks 2 days)

**AC** =14.58 cms (19 weeks 6 days) **FL** = 3.62 cms (21 weeks 3 days)

**HL** = 3.35 cms (21 weeks 3 days)

**Average gestational age - 20 weeks 5 day.**

**Fetal weight = 364 + 53 gms**

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

**IMPRESSION -**

* **Monochorionic diamniotic live intrauterine twin gestation with average gestational age of Fetus A - 20 weeks 3 days and Fetus B- 20 weeks 5 days**
* **No obvious congenital anomalies are seen in either of the feti.**

**Suggest follow up and correlate clinically.**

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

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| **DECLARATION OF PREGNANT WOMAN:-**  I, (**MRS.** **TABBASUM ALTAF TAHSILADAR**) 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)** |

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| --- | --- | --- | --- | --- | --- |
| Patient Name | : | MRS. TABBASUM ALTAF TAHSILADAR | Age/Sex | : | 21 Yrs./F |
| Ref. By | : | Dr. KOGNOLE AVINASH | Date | : | 03-Jul-2019 |

**FETAL ECHOCARDIOGRAPHY (TWIN A)**

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

**FHR=144 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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| --- | --- | --- | --- | --- | --- |
| Patient Name | : | MRS. TABBASUM ALTAF TAHSILADAR | Age/Sex | : | 21 Yrs./F |
| Ref. By | : | Dr. KOGNOLE AVINASH | Date | : | 03-Jul-2019 |

**FETAL ECHOCARDIOGRAPHY (TWIN B)**

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

**FHR=138 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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