



Visit No	:012009100035	UID	:600200
Reg. Date	:10/Sep/2020 01:21PM	Report Date	:10/Sep/2020 03:06PM
Patient Name	:Ms. SWATI (23 YRS/Female)		
Referred By	:Dr. NITU SINGH		

ULTRASOUND PREGNANCY (FIRST ANOMALY SCAN)

LMP: 06/06/2020 (13 weeks 5 days) EDD: 13/03/2021

A single live intrauterine fetus is seen. Regular embryonic cardiac activity with heart rate of 149 bpm is noted. Fetal movements well visualized.

Developing placenta is noted on anterior uterine wall, its lower margin reaching upto the internal os but not covering it. The maximum thickness of the placenta measures 1.3cm. No focal lesion seen.

The fetal biometry is as follows:

BPD= 2.4cm, Corresponds to 14weeks 1day.
HC = 8.6cm, Corresponds to 13 weeks 6 days.
AC = 6.7cm, Corresponds to 13 weeks 3 days.
FL = 0.97cm, Corresponds to 13weeks 0 day.
CRL: 69.1mm, Corresponds to 13 weeks 2days.
Gestational age as per USG: 13 weeks 4days
EDD as per USG: 14/03/2021
The estimated fetal weight is: 71 gms ± 10gm

- Fetal skull and brain appears grossly normal.
- Visualized spine appears grossly normal.
- Fetal stomach visualized.
- Limb buds visualized.
- Nasal bone visualized (2.0 mm).
- Nuchal translucency measures 1.2mm.
- Intracranial translucency measures 2.2mm.
- Facial angle measures 78°.
- No obvious tricuspid regurgitation seen.

Doppler parameters are as follows:

	RI	PI	S/D RATIO
Right uterine artery	0.62	0.90	2.6
Left uterine artery	0.70	1.08	3.4
Ductus Venosus	0.79	1.30	4.7, Normal SDA waveform.



Visit No	:012009100035	UID	:600200
Reg. Date	:10/Sep/2020 01:21PM	Report Date	:10/Sep/2020 03:06PM
Patient Name	:Ms. SWATI (23 YRS/Female)		
Referred By	:Dr. NITU SINGH		

The internal os is closed and cervical length is normal (3.5cm).

No adnexal mass/ collection is seen on either side.

No free fluid is seen in pelvis.

A thin walled cyst measuring 1.6 x 1.5 cm is seen in right ovary. Anechoic contents are noted. No focal nodule/septa seen. On Doppler no significant vascularity noted.

IMPRESSION:

- **USG findings are suggestive of a single live intrauterine fetus of 13 weeks 4 days gestation with low lying placenta.**
- **Interval growth of fetus is satisfactory as compared to previous scan dated 09.07.2020 (done elsewhere).**
- **Detailed anomaly scan is recommended at 19 weeks gestation.**

Please Note:

- Antenatal USG is a screening test for structural abnormalities. It does not confirm or exclude chromosomal, functional or other non-structural abnormalities in the fetus. Overall detection rate of major congenital abnormalities is about 70%. All the fetal congenital anomalies cannot be detected on antenatal ultrasound studies due to limitations of the modality and continuously changing fetal position. Some congenital abnormalities become obvious only in 3rd trimester, hence not detectable at an early stage.
- 'Normal' means structurally normal for the gestation within reasonable expectations for available technology and patient's body habitus.
- Fetal gender would neither be detected nor disclosed as per PC PNDT Act.
- Fetal echocardiography is not included in this study.
(Subset of congenital anomalies and Down's Syndrome cannot be identified on antenatal on ultrasound).

Declaration of the doctor/person conducting Ultrasound / Image scanning.

I, **Dr. Meenakshi Singhal** (Name of the doctor conducting ultrasound) declare that while conducting ultrasound / image scanning on **Mrs. SWATI** (Name of pregnant woman), I have neither detected nor disclosed the sex of the fetus in any manner.

Film attached:

Dr. Meenakshi Singhal,
Sr. Consultant Radiologist
HMC No.7032:

*** End Of Report ***