

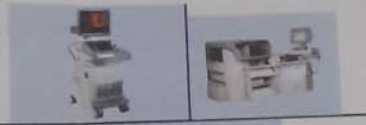
KAP'S DIAGNOSCAN CENTRE

Fully Automated Diagnostic Lab., Radiology & Scan Centre

KAPS



- Digital OPG
- Digital X-Rays • OPG • Coloured 3D / 4D Ultrasound
- Echocardiography • Peripheral Vascular Studies Soft Tissue / Joints Ultrasound
- Transvaginal/ Transrectal Scan • Fully Automated Lab with Autoanalyzers
- Computerised 12 Channel ECG with Interpretation



CONSULTANTS

DR. RAJEEV KAPOOR
MBBS. MD. Ex. GH-1 6 CHD.

DR. A.K. GUPTA
MBBS, MD

DR. JYOTIKA KAPOOR
MBBS, MD, Ex. PGI, CHD.

Patient Name Mrs Parul Goyal
Age/Sex 36yrs/Female
Adv. by Dr Ashu Narula
Dated 28.08.2021

INVESTIGATION ULTRASOUND

Intrauterine pregnancy visualized with single foetus with normal foetal movements.

PLACENTA

Posterior low lying covering internal Os

GROWTH PARAMETERS:-

DLMP- 06.06.2021

| | |
|---------------------|----------------|
| Biparietal diameter | 1.76cm |
| Foetal age | 12W 5 days+ 2w |
| Femur Length | 0.94cm |
| Foetal age | 12w 6days+2w |
| AC | 5.90cm |
| Foetal age | 12w 5 days+2w |
| HC | 7.35cm |
| Foetal age | 13w 0 days+2w |
| Crown Rump Length | 5.80cm |
| Foetal age | 12W 2day+2days |
| FL/BPD | 53% |
| FL/AC | 16% |
| HC/AC | 1.25 % |
| Mean Foetal Age | 12W 3Day |

P.T.O

Note: Adv level-II anomaly scan at 18-20weeks. Ultrasound is a study of images. Not all congenital anomalies can be detected by ultrasound due to its known limitations. Detection rates vary by the type of anomaly woman's BMI and the position of foetus. Genetic studies and amniocentesis etc. are confirmatory tests.

CLINIC TIMINGS : 7:30 A.M. TO 7:00 P.M.
SUNDAY CLOSED :

S.C.O. 68, Ground Floor, Chandigarh City Center on VIP Road, Zirakpur

House No. 1637, Sector-4, Panchkula (on Main Road Dividing, Sector 4-12, Near Bus Stand, Panchkula), Tel 0172-2569900, 2564538

Note : Diagnosis should not be made solely on one investigation Adv. further/Repeat investigation & clinical correlation in suspected cases & in case of unexpected results. This is not valid for Medicolegal purposes.

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Impression

- Single live intrauterine fetus seen of about 12weeks 5days
- As per description
(Advised level II anomaly scan and fetal-echocardiography to rule out any CMF at 18-20 week gestation, further invest and to be correlated clinically)

(I Dr Rajeev Kapoor while conducting Ultrasound on this patient I have neither detected nor disclosed the sex of the fetus to any body in any manner)


Dr. Rajeev Kapoor
MBBS MD

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GROWTH CURVE INTERPRETATION:-

Foetal growth is within two standard deviations according to DLMP

| | |
|---|--------------|
| Foetal heart rate | 146 Beats/mt |
| Expected Foetal Weight | 64g+/-9g |
| Expected Date of Delivery (As per growth parameters) | 07.03.2022 |
| Expected Date of Delivery (As per DLMP) | 13.03.2022 |

- Liquor amnii adequate
- No obvious craniovertebral anomaly seen
- Stomach bubble seen
- Urinary bladder appears not distended
- **Single live intrauterine fetus is seen**
- **Nuchal translucency** is within normal limits (measures approx 1.9mm)
- **Nasal bone (NB)** is visualized and appears normal and measures 2.0mm .Both nasal bones are well visualized in **retro -Nasal triangle (RNT) view.**
- Ductus venous show normal Doppler pattern.No significant deep a wave seen or reversal of flow seen.
- Internal os is closed .Cervical canal length is adequate
- **Cord insertion is normal (Central /paracentral)**
- No obvious maternal adenexal mass or free pelvic fluid seen
- **No tricuspid regurgitation seen**
- **Uterine Arteries Doppler :-**

Uterine arteries on Doppler Examination the examination shows PI & RI values within normal limits .

- PI of right uterine artery 1.70
- PI of left uterine artery 1.65

The detection rates for chromosomal abnormalities with various screening tests as follows

- 1st trimester NT scan only -75%
- 1st trimester combined test (NT scan + double marker test) -80 to 85%
- 1st trimester combined test with quadruple & genetic sonogram -90%
- NIPT (FETAL CELL FREE DNA)-99%
- Invasive testing (CVS/ AMNIOCENTESIS) which is a definitive test and it carries a procedure related risk of about 1:300.

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