

ScanLAB DIAGNOSTICS

Ultrasound, Color Doppler, Fetal Medicine and Interventions, Joint Ultrasound (MSK), 2D Echo, ECG, PFT, Digital X-Ray & Dental X-Rays, Path Lab, Annual Health Body Check-ups

ISO 9001:2015
Certified

Date 27/09/2023
Name Mrs. RICHA
Ref. By Dr. REENA JAIN

Srl No. 19
Age 29 Yrs.

Patient Id 23092719
Sex F

USG LEVEL 2

OBSTETRICAL U/S LEVEL - II (Second trimester "anomalies scan")

Indication: 1st gravida with 21 wk 0 days pregnancy

LMP: 03.05.2022

EDD by (LMP): 07.02.2024

Graavid uterus with single live Intrauterine foetus, in cephalic presentation at the time of examination.
Foetal cardiac activity is regular (FHR ~ 151 bpm)
Foetal movements present.

Detailed anomaly scan:

Neuro-spinal evaluation:

Foetal skull appears normal.

No anencephaly/encephalocele detected.

No evidence of gross facial anomaly (cleft lip/palate) detected.

Whole spine is visualised. No sacral agenesis is noted.

No anomaly noted in spine.

No e/o hydrocephalus.

The trans-thalamic view showed normal oval outline of the skull, with no evidence of herniation of the brain.

The lateral ventricles appear normal with no evidence of dilatation of the ventricles.

The transverse airtal diameter is normal (Va: 7.0 mm (Normal ~ 10 mm)). No evidence of choroid plexus cyst seen.

The transcerebellar plane showed normal dumb-bell shaped cerebellar morphology (TCD: 21.5 mm, 21 wk 4 days). The cisterna magna is normal (5.7 mm). Nasal bone is seen measuring approx 6.1 mm. Nuchal fold measures approx 4.7 mm.

There is no evidence of hypertelorism. (OOD: 33.5 mm, 21 wk 3 days). (IOD: 12.3 mm)

Skeletal evaluation:

All 4 limbs visualised.

5 digits visualised in both hands.

No e/o polydactyly.

No e/o club foot noted.

Cardiac evaluation:

Four chamber view was seen and appears normal.

No evidence of obvious septal defect seen.

No obvious chamber enlargement noted at time of scan.

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214, Sector-46 Market, Gurugram, Haryana-122003, 0124-4188188, 8826502407, scanlabdiagnostics@gmail.com

NOTE: KINDLY NOTE THE ULTRASOUND SCAN IS AN INVESTIGATION AND THEREFORE HAS TECHNICAL LIMITATIONS AS WELL AS INACCURACIES. THE RESULTS SHOULD BE ALWAYS BE VIEWED IN THIS RESPECT WITHIN THE LABORATORY AND STATISTICAL ANALYSIS OF BIOLOGICAL PROCESSES. ALL LABORATORY TESTS & OTHER INVESTIGATION RESULTS ARE IN ACCORDANCE WITH THE CURRENT FINDINGS. PATIENT IS ADVISED TO CONTACT THE LAB BACK IN CASE OF ANY DISCREPANCY. THIS REPORT IS FOR DOCTORS USE. NOT VALID FOR MEDICO, LEGAL PURPOSE. WE DO NOT GUARANTEE FOR TECHNICAL & MEDICAL ASPECTS. PLEASE REPEAT OF THE TEST. AT LEAST 12 HOURS (OVERNIGHT) FASTING CONDITION IS REQUIRED FOR TRIGLYCERIDE AND LIPID PROFILE. HEAVY MEALS MAY FALSELY ELEVATE POTASSIUM, IRON, SGOT, LGH AND PHOSPHATES. CALCIUM, URIC ACID, AND OTHER PROTEINS AND MAY FALSELY LOWER TOTAL BILIRUBIN.

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4D Ultrasound, Color Doppler, Fetal Medicine and Interventions, Joint Ultrasound (MSK), 2D Echo, ECG, PFT, Digital X-Ray & Dental X-Rays, Path Lab, Annual Health Body Check-ups

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Name	Mrs. RICHA	Age	29 Yrs.	Sex	F
Ref. By	Dr. REENA JAIN				

Bilateral uterine arteries shows normal flow pattern for gestational age and negative for pre-eclampsia screening

Rt uterine artery	RI - 0.57	PI - 0.97	S/D - 2.34
Lt uterine artery	RI - 0.46	PI - 0.63	S/D - 1.85

CONCLUSION:

Average ultrasound age of 21 wks 4 day (appropriate for gestational age), cephalic presentation
 USG EDD- 03.02.2024
 Essentially normal level 2 anomaly scan. No soft marker of aneuploidy noted at time of scan.
 Normal uterine artery doppler evaluation.

Advice: Fetal echocardiography.

Correlate with biochemical markers

DECLARATION OF DOCTOR/PERSON CONDUCTING ULTRA-SONOGRAPHY/IMAGE SCANNING.

I, Dr. Sahil Loomba, declare that while conducting ultrasonography/image scanning on Mrs. RICHA, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Note: This is an obstetrical ultrasound, mainly done for estimation of gestational age, amount of liquor, placental position and general well being of the fetus & for the evaluation of congenital anomalies. Moreover, the anomalies in relation to fetal heart and limbs are extremely difficult due to constantly changing position of the fetus and overlapping of its various parts. Fetal echo has not been done, hence fetal echo is advised to rule out congenital anomalies related to heart.

Dr. SAHIL LOOMBA
 MBBS, DNB (St. Stephens Hosp., Delhi)
 MNAMS, MRCP, FRCP (London, UK);
 FMF (UK) CERTIFIED ID:- 251371
 Consultant Radiologist, HMC-6337

Dr. SAHIL LOOMBA
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