

MEGAVISION DIAGNOSTICS

42 & 43 (Ground Floor), Pocket -14, Sector - 24, Rohini, Delhi - 110085
Phone: 011-45108874, 9810308874, 9910008874
E-mail: megavisiondiagnostics@gmail.com
Web: www.megavisiondiagnostics.com
Timings: 8.00 AM to 9.00 PM (Sunday Open)



DR. ANANT ANUPAM
M.B.B.S., D.M.R.D.

Consultant Radiologist & Sonologist
Ex-Consultant, Jaipur Golden Hospital

3D/4D ULTRASOUND, COLOR DOPPLER, DIGITAL X-RAY, DIGITAL OPG, PATHOLOGY & ECG

Date	04/01/2024	Srl No.	17	Patient Id	24010417
Name	Mrs. BABITA	Age	30 Yrs.	Sex	F
Ref. By	DR. SUNEETA KHARE				

USG OBSTETRICS (LEVEL 2 / ANOMALY SCAN)

Single live intrauterine fetus is seen in variable presentation at the time of scan. Foetal movements and foetal cardiac activities were observed in real time and appear normal. FHR is 150 bpm and regular.

Gestational age:-

By LMP - 18 weeks 5 days.

By USG:

- BPD - 44 mm - 19 wks. 1 day
- HC - 152 mm - 18 wks. 1 day
- AC - 129 mm - 18 wks. 3 days
- FL - 26 mm - 18 wks. 0 day
- RAD - 21 mm - 17 wks. 6 days
- ULNA - 23 mm - 18 wks. 1 day
- HUM - 25 mm - 18 wks. 0 day
- TIB - 22 mm - 18 wks. 0 day
- FIB - 23 mm - 17 wks. 6 days

Average gestational age by USG - 18 wks. 3 days \pm 2 weeks

EFW - 232 gms \pm 10%

EDD by USG = 03/06/2024.

Fetal Morphology:-

Echogenic intracardiac focus is seen in left ventricle. No other obvious morphological foetal deformities noted.

Head and spine

Midline falx, thalami, both lateral ventricles, cavum septum pellucidum, cerebellum and cistern magna appear normal. Both orbits and lens appear normal. Fetal nasal bone is well visualized and measures approx. 5.2 mm. Both lips appear normal. Posterior maxillary line appears intact. Both pinna are seen. Spine appears normal.

Trancerebellar diameter: approx. 19.3 mm.

Cistena Magna: approx. 4.0 mm.

page 1 of 1
DR. ANANT ANUPAM
M.B.B.S., D.M.R.D. (Radiologist)
Consultant Radiologist & Sonologist
DMC Regn. No.: 49755

Ultrasound findings are only professional opinions and not the diagnosis. These should always be considered with clinical and other investigatory findings wherever applicable. Typing error may creep in the report very rarely, please contact the lab in such cases. This report is not valid for medico-legal purpose.

GAVISION DIAGNOSTICS

43 (Ground Floor), Pocket -14, Sector - 24, Rohini, Delhi - 110085
Phone: 011-45108874, 9810308874, 9910008874
Email: megavisiondiagnostics@gmail.com
Web: www.megavisiondiagnostics.com
Timings: 8.00 AM to 9.00 PM (Sunday Open)

DR. ANANT ANUPAM
M.B.B.S., D.M.R.D.



Consultant Radiologist & Sonologist
Ex-Consultant, Jaipur Golden Hospital

3D/4D ULTRASOUND, COLOR DOPPLER, DIGITAL X-RAY, DIGITAL OPG, PATHOLOGY & ECG

Date	04/01/2024	Srl No.	17	Patient Id	24010417
Name	Mrs. BABITA	Age	30 Yrs.	Sex	F
Ref. By	DR. SUNEETA KHARE				

Transverse diameter of lateral ventricle at the level of atrium: approx. 7.2 mm.
Binocular distance: approx. 29.2 mm. Interocular distance: approx. 10.5 mm.
Nuchal fold thickness: approx. 3.1 mm.

Thorax / Heart

Cardiac situs is normal. Cardiac four-chamber view, ventricular outflow tracts and three vessels trachea view appear otherwise normal. Normal origin of right subclavian artery is noted. No evidence of tricuspid valve regurgitation is seen. On Color Doppler, ductus venosus reveals normal color flow pattern with no diastolic flow reversal. Both lungs are seen.

Abdomen

Abdominal situs is normal. Stomach bubble is seen. Both kidneys and urinary bladder are seen. No renal pelvis dilatation is noted. No anterior abdominal wall defect is seen. No diaphragmatic hernia is noted. The umbilical cord reveals three vessels.

Limbs

All long bones are visualized and appear normal for gestational age. Hands and feet are seen. No club foot is noted.

2nd Trimester Aneuploidy Markers:

Choroid plexus cyst: No.

Echogenic intracardiac focus: Yes.

Ventriculomegaly: No.

Increased Nuchal Fold Thickness: No.

Renal pelvis dilatation: No.

Echogenic bowel: No.

Short Humerus: No.

Short femur: No.

Aberrant origin of right subclavian artery: No.

Absent or hypoplastic nasal bone: No.

Placenta is anterior. No previa. Maturity Gr-I. No focal defect is seen.

page 2
Dr. ANANT ANUPAM
M.B.B.S., D.M.R.D.
Consultant Radiologist & Sonologist
DMC Regn. No.: 49753

of 3/27

Ultrasound findings are only professional opinions and not the diagnosis. These should always be considered with clinical and other investigatory findings wherever applicable. Typing error may creep in the report very rarely, please contact the lab in such cases. This report is not valid for medico-legal purpose.

GAVISION DIAGNOSTICS

DR. ANANT ANUPAM
M.B.B.S., D.M.R.D.

3 (Ground Floor), Pocket -14, Sector - 24, Rohini, Delhi - 110085
Phone: 011-45108874, 9810308874, 9910008874
Email: megavisiondiagnostics@gmail.com
Web: www.megavisiondiagnostics.com
Timings: 8.00 AM to 9.00 PM (Sunday Open)



Consultant Radiologist & Sonologist
Ex-Consultant, Jaipur Golden Hospital

3D/4D ULTRASOUND, COLOR DOPPLER, DIGITAL X-RAY, DIGITAL OPG, PATHOLOGY & ECG

Date	04/01/2024	Srl No.	17	Patient Id	24010417
Name	Mrs. BABITA	Age	30 Yrs.	Sex	F
Ref. By	DR. SUNEETA KHARE				

Amniotic fluid is adequate.

Internal os is closed.

Cervical length measures approx. 50 mm.

Right uterine artery PI = 1.24. Left uterine artery PI = 0.71. Mean uterine artery PI = 0.98 (within normal range).

IMPRESSION: Single live intrauterine fetus of approx. 18 weeks 3 days \pm 2 weeks duration with echogenic intracardiac focus in left ventricle.

Suggested:

1. Fetal echo at 21-22 weeks for better cardiac evaluation.
2. Quadruple marker correlation.

Note: All congenital abnormalities are not identified on ultrasound evaluation. Detection of congenital anomalies also depend on the gestational age at the time of scan. Few anomalies become apparent only in late third trimester or post-natally (e.g., tracheo-oesophageal fistula, anal atresia, few cardiac anomalies etc.) and can be missed in second trimester anomaly scan. All cardiac anomalies cannot be ruled out on level II scan. Fetal echo is suggested for detailed cardiac evaluation.

DECLARATION OF DOCTOR/PERSON CONDUCTING ULTRASONOGRAPHY / IMAGE SCANNING.

I Dr. Anant Anupam (name of the person conducting ultrasonography/image scanning) declare that while conducting ultrasonography/image scanning on Mrs. Babita (name of the pregnant woman), I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

**** End Of Report ****

Dr. ANANT ANUPAM
M.B.B.S., D.M.R.D. (G.O. No. 100/2013)
Consultant Radiologist & Sonologist
G.O. No. 100/2013

DR. ANANT ANUPAM
MBBS, DMRD
CONSULTANT RADIOLOGIST