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Dr Anita Kaul, Head and Coordinator, Fetal Medicine and Prenatal Genetics

## ANOMALY REPORT

### Rakshat Shrivastava

Date of birth:	15 October 1990	Examination date:	23 October 2024
Referring doctor:	Dr Malhotra Harmeet	Hospital no:	32377
		Visit no:	5

### Obstetric History

SA / IUD < 15W: 1  
Gravida 2 Para 0

### Indication Anomaly Scan

### Gestation Scan

last period 31 May 2024 - Cycle regular - LMP sure 30 days

	Gestational age	EDD
last period	20 weeks + 3 day(s) from dates	09 March 2025

### Ultrasound Findings

Operator: Dr Vartika Mohan

Number of fetuses: 1, Transabdominal scan, Examination conditions: Restricted by maternal tissue quality.

### Biometry / Anatomy

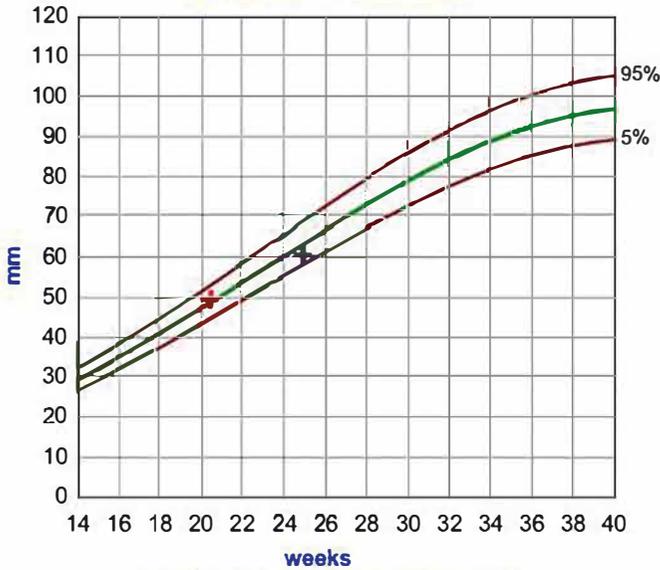
BPD	49.7 mm	
OFD	61.1 mm	
HC	174.0 mm	
CM	4.9 mm	
TCD	21.3 mm	
Ventricular atrium	7.1 mm	
TAD	46.7 mm	
APAD	45.0 mm	
AC	144.0 mm	
Humerus	31.5 mm	
FL	32.5 mm	
BPD / OFD	0.81	
HC/AC	1.21	
BPD / FL	1.53	
Estimated fetal weight	Hadlock (BPD-HC-AC-FL)	
	324 g	
	11 oz	
Centile	22.6	
Fetal heart activity	visualised	
Fetal movements	normal	
Fetal heart rate	149 bpm	
Presentation	unstable	
Placenta site	posterior high, Placenta grade Grannum I	
Amniotic fluid	normal	

	Cord	3 vessels	
<b>Head</b>		normal skull shape	
<b>Brain</b>		hemispheres, ventricles mid-brain and posterior fossa appear normal	
	Vp left	7.1 mm	
	Vp right	8.0 mm	
<b>Face</b>	Comments	Corpus Callsum to be reviewed at the time of cevrical scan no facial cleft and the eyes, nose and mandible appear normal	
	Nasal bone	5.5 mm	
<b>Spine</b>		no spina bifida or kyphoscoliosis	
<b>Neck/Skin</b>		no skin oedema or cystic hygroma	
	Nuchal fold thickness	3.6 mm	
<b>Thorax</b>		thorax and lungs appear normal	
<b>Heart</b>		normal 4-chamber view normal outflow tracts normal 3-vessel view normal 3-vessel trachea view normal situs/laterality	
<b>Abdominal Wall</b>		no abdominal wall defect	
<b>GIT</b>		stomach and GIT appear normal	
<b>Urinary tract</b>		kidneys and bladder appear normal	
	L.Pelvis A-P	3.0 mm	
	R.Pelvis A-P	3.2 mm	
<b>Extremities</b>		hands, feet, arms, legs and joints appear normal	
	Left Humerus	31.5 mm	
	Left Femur	32.5 mm	
<b>Doppler ultrasound</b>			
	<b>Uterine artery</b>		
	PI left	1.200	
	PI right	0.890	
	Mean PI	1.045	
	Notch	no notch	
	<b>Ductus Venosus</b>		
	A-wave	positive	
	Assessment	normal placental bloodflow	

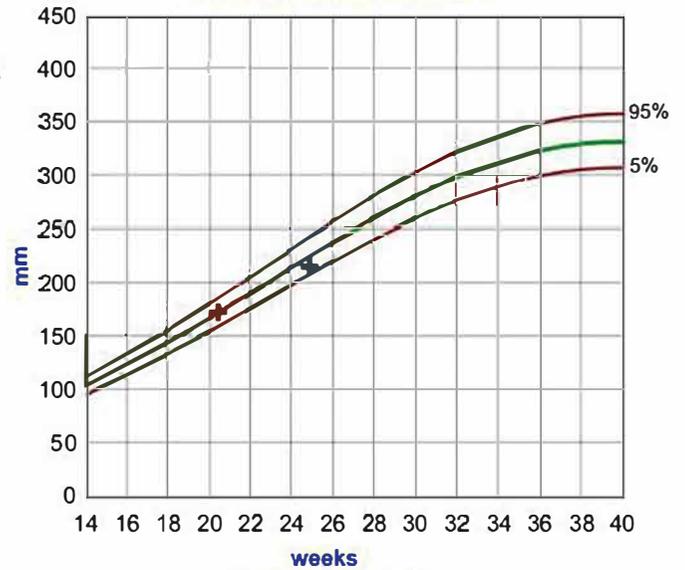
**2nd Trimester Risk Assessment of Trisomy 21**

Intracardiac echogenic focus	marker is absent
Mild hydronephrosis	marker is absent
Short femur	marker is absent
Short humerus	marker is absent
Echogenic bowel	marker is absent
Increased nuchal fold	marker is absent
Aberrant right subclavian artery	marker is absent
Absent or hypoplastic nasal bone	marker is absent
Ventriculomegaly	marker is absent
Adjust risks using:	2nd trimester markers, 1st trimester screening
Background risk of trisomy 21	1 in 484
Adjusted risk of trisomy 21	1 in 20,000

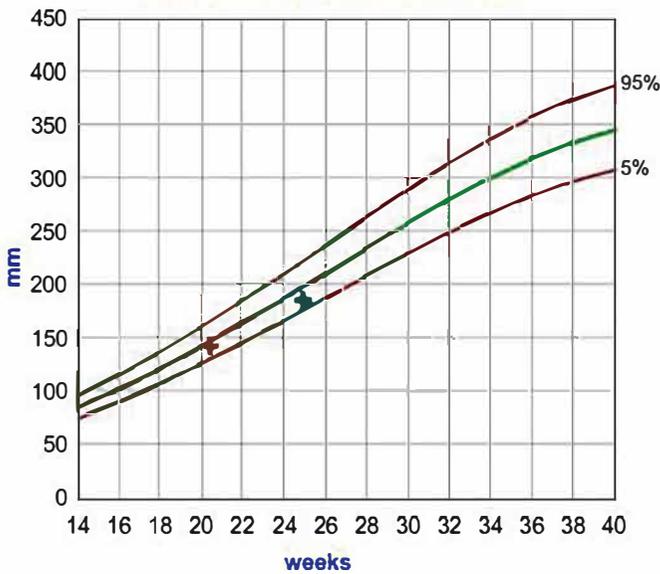
**Biparietal diameter**



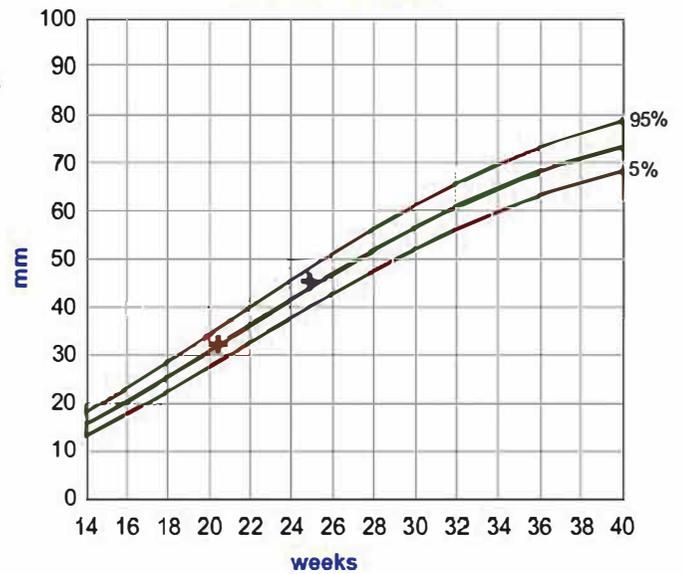
**Head circumference**



**Abdominal circumference**



**Femur length**



**Diagnosis**

No obvious fetal defect as per gestation

**Recommendations**

Cervical screening for pre-eclampsia/IUGR/preterm labour between 22-24 weeks

**Comments**

Thank you for referring your patient ~~Shweta Patel~~, date of birth 15/10/1990.

This is ~~Shweta~~'s routine Anomaly scan in our unit today. Her FTS was low risk for T21.

**On scan today, The Fetal growth is on the 22nd centile and amniotic fluid volume is normal. There are no obvious structural defects nor any markers for chromosomal abnormality.**

**As a result of the scan we have further decreased the risk of Down syndrome.**

Fibroid is noted in the left adnexa measuring - 10\*6.5 cm, left broad ligament/pedunculated subserosal fibroid.

We suggest a high protein diet for her in view of the suboptimal fetal growth. A dietician referral is suggested for the same. We shall like to call her back at 22-24 weeks for a routine cervical assessment.

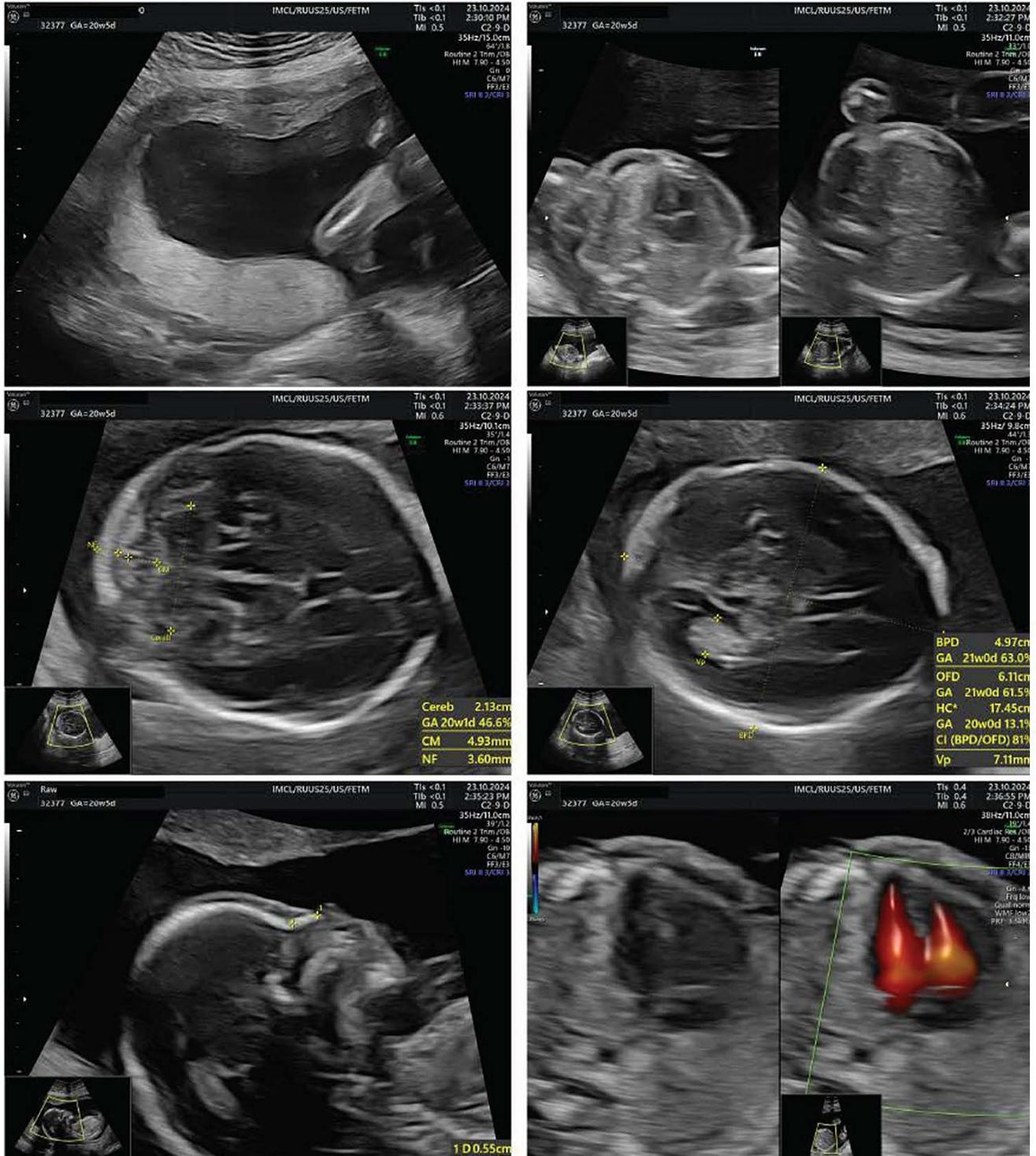
Please do not hesitate to contact me in case of any queries.

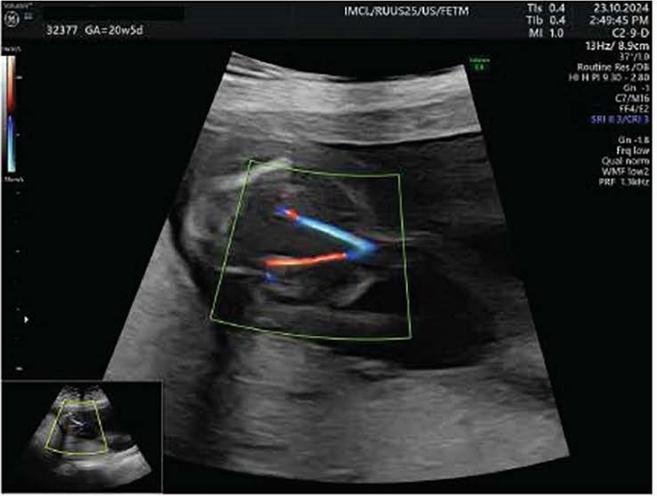
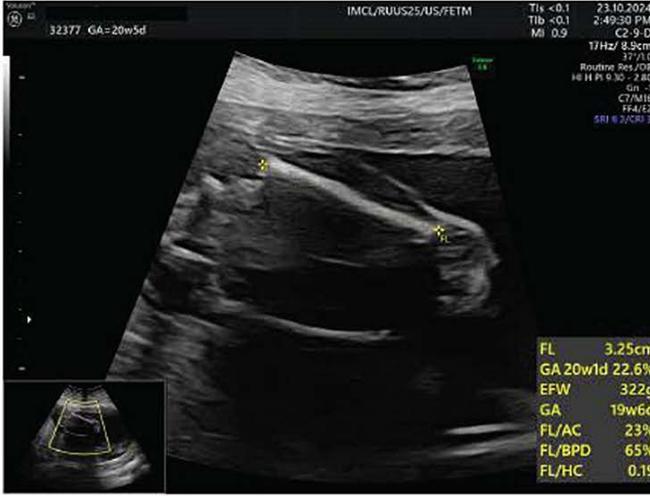
I the undersigned declare that while conducting the ultrasound on Mrs ~~Sweta Rana~~ I have neither detected nor disclosed the sex of the fetus to anyone in any manner.

Best wishes

Dr Vartika Mohan

It is not possible to exclude all structural problems, rare genetic syndromes and small cardiac defects by ultrasound alone.





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#### CLINICAL FELLOWS

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Dr Ishita Agarwal - MS (ObGYN)  
Dr Srishti Chandra - MS (ObGYN)  
Dr Tina Ann Varghese - MS (ObGYN)

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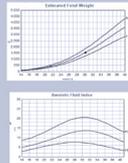
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## References

