



Barcode:	10142784	UHID:	109171
Patient ID:	012309070009	Sample Col Date/Time:	07/Sep/2023 08:32AM
Patient Name:	Mrs. ANKITA AGARWAL	Sample Received Date/Time:	
Age/Gender:	26 Y/Female	Result Date/Time :	07/Sep/2023 10:41AM
Referred By:	Dr. SWETA AGARWAL, MD, DNB, MNAMS	Report Status:	Final

### FETAL DOPPLER

LMP : 17-12-2022  
 GA (LMP) : 37 weeks 05 days  
 GA (US) : 35 weeks 02 days  
 EDB (US) : 10-10-2023

Single live fetus in cephalic presentation  
 Placenta – Anterior upper grade II-III maturity  
 Liquor - Adequate ( AFI = 10)  
 Cervix measured 41 x 19 mm approx.

### FOETUS :

Foetal movement and cardiac pulsations are seen during real time scan. FHR = 129 bpm.  
 Spine appeared normal. Stomach bubble seen. Urinary bladder was full.  
**Upper tibial epiphysis & lower femoral epiphysis are both appeared.**

### MEASUREMENT :

FL measured 69 mm corresponds to 35 weeks 6 days.  
 BPD measured 88 mm corresponds to 35 weeks 0 day.  
 AC measured 309 mm corresponds to 35 weeks 0 day.  
 HC measured 312 mm corresponds to 35 weeks 1 day.  
 Weight : 2611 +/- 381 grams

### Spectral analysis of Umbilical artery show normal flow pattern :

SD = 2.6 PI = 0.98 RI = 0.61 Centile : 69

### Spectral analysis of MCA show increased diastolic flow pattern :

SD = 4.1 PI = 1.48 RI = 0.76 Centile : 10

### Cerebroplacental ratio:

CPR: 1.5102

Z-score (SDs away from the expected normal mean for this gestation): -1.279 (centile: 11)

### IMPRESSION:

\* **Single live foetus of about 35 weeks 02 days with anterior upper grade II-III maturity placenta and adequate liquor ( AFI = 10).**

\*\* All measurements including foetal weight are subject to statistical variations. Depending on the period of the gestation, fetal position, amount of liquor and maternal abdominal wall thickness, all fetal anomalies may not be seen on USG. Fetal echocardiographic study not included. Uterine myoma cannot be excluded in gravid uterus routinely.

\*\* Limitation of routine obstetric/ Pregnancy scan: Routine / level I sonography of pregnancy is done with an intension to assess fetal growth, placental characteristics & amniotic fluid volume. Therefore, it may not assess or exclude fetal anomalies always, especially the limb or facial defect which are not assessed routinely. Therefore, level II scan should be recommended in every pregnancy for exclusion of any possible fetal defect. Anomalies may develop or worsen later in pregnancy and therefore serial studies are suggested. \*\* Anomaly scan is not done.\*\*

(I hereby declare that sex of the fetus was neither determined nor disclosed by me during this sonographic study).

\*\*\* End of Report \*\*\*



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