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|----------------|----------------------|---------------------|-----------------------|
| Patient Name | : Ms. SUCHPREET KAUR | Visit No | : CHA250042850 |
| Age/Gender | : 23 Y O M O D /F | Registration ON | : 10/Mar/2025 10:57AM |
| Lab No | : 10140145 | Sample Collected ON | : 10/Mar/2025 10:57AM |
| Referred By | : Dr.RITU SAXENA | Sample Received ON | : |
| Refer Lab/Hosp | : CHARAK NA | Report Generated ON | : 10/Mar/2025 11:55AM |

ULTRASOUND STUDY OF OBSTETRICS

- LMP is 01/07/2024 EGA by LMP is 36 weeks + 0 days.
- Single live intrauterine foetus is seen in longitudinal lie cephalic presentation.
- Foetal heart rate is 148/min.
- Foetal gestation age is
 - BPD 92 mm 37 weeks + 5 days
 - HC 329 mm 37 weeks + 4 days
 - AC 310 mm 35 weeks + 0 days
 - FL 71 mm 36 weeks + 4 days
- Placenta is posterior wall and shows grade III maturity changes.
- Amniotic fluid is adequate. AFI = 13 cm.
- EFW is approximately 2814 gms (\pm 411 gms).
- EDD is approximately 02/04/2025.
- No evidence of cord is seen around fetal neck at the time of examination.

COLOUR & PULSED DOPPLER STUDY

- The flow in maternal uterine artery is normal.
- The umbilical artery flow is within normal limits.
- The flow in the umbilical vein is normal. There is no pulsatility.
- The foetal MCA flow is within normal limits.
- The cerebro-placenta ratio is within normal limits (>1).
- Ductus venosus shows normal wave form.



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COLOUR & PULSED DOPPLER STUDY

| | <u>MCA</u> | <u>UA</u> | <u>RT UT</u> | <u>LT UT</u> |
|-------------------|-------------------|------------------|---------------------|---------------------|
| <u>PS</u> | 61cm/ sec | 47cm/sec | 63cm/sec | 100cm/sec |
| <u>ED</u> | 2.6cm/sec | 21cm/sec | 35cm/sec | 49cm/sec |
| <u>S/D</u> | 17.6 | 2.2 | 1.7 | 2 |
| <u>RI</u> | 0.9 | 0.5 | 0.4 | 0.5 |
| <u>PI</u> | 2.2 | 0.7 | 0.6 | 0.7 |

OPINION:

- **SINGLE LIVE FOETUS OF 36 WEEKS + 5 DAY (± 2.3 WEEKS) WITH NORMAL COLOUR AND PULSED DOPPLER STUDY AS DESCRIBED ABOVE.**

Note:-- I Dr. Atima Srivastava, declare that while conducting ultrasound study of Mrs. Suchpreet, I have neither detected nor disclosed the sex of her foetus to anybody in any manner. All congenital anomalies can't be excluded on ultrasound.

Clinical correlation is necessary.

**[DR. ATIMA SRIVASTAVA]
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[PDCC MATERNAL AND FETAL MEDICINE (SGPGIMS LUCKNOW)]**

Transcribed By: Purvi

*** End Of Report ***

