

Anomaly Scan - Abnormal Report

OB - 2/3 Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Medical notes

Blood group :B+ve Height :158 cms Weight : 58.4 kgs

Marital History : 9 months Consanguinity : Nil

Menstrual History : Regular

Gravida :1 Para :0 Live : 0 Abortion : 0

Significant previous obstetric details : Nil

Medical / Surgical History : Nil

Maternal

Cervix measured 3.00 cm in length.

Fetus

Survey

Presentation - Unstable lie

Placenta - Posterior

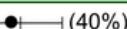
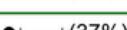
Liquor - Normal

Fetal activity present

Cardiac activity present

Fetal heart rate - 155 bpm

Biometry (mm)

BPD	44, 19W 2D	
HC	149.29, 18W	
AC	99, 16W	
FL	26, 17W 6D	

EFW (grams)

BPD,HC,AC,FL	180	
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Fetal Anatomy

Extended neurosonogram done

Strawberry shaped skull. Midline falx, thalami and cavum septum pellucidum seen. Choroid plexus measuring 1.2X1.2cms and 1.1 x 1.1cm seen in the right and left side. Posterior fossa appeared normal. Sulci and gyri pattern imaged for this period of gestation.

Neck appeared normal.

Spine appeared normal. No evidence of significant open neural tube defect.

Abnormal facies

Heart - Four chamber view imaged. Pseudodextrocardia. Cardiac apex towards right hemithorax with stomach , left lobe of liver and small bowel seen in left hemithorax. Upturned Superior mesenteric artery. Both kidneys and bladder appeared normal.

All long bones seen . Clenched fists and claw hands

Impression

Single intrauterine gestation corresponding to a gestational age of 18 Weeks 1 Day

Gestational age assigned as per biometry (CRL) on 10/06/2023 (previous scan)

Menstrual age 21 Weeks 5 Days

Corrected EDD 22-01-2024

Placenta - Posterior

Presentation - Unstable lie

Liquor - Normal

Estimated fetal weight according to BPD,HC,AC,FL :- 180 + / - 18 gms.

FIRST TRIMESTER SCREEN T21 RISK - 1:10000/ T13/18 HIGH RISK -1:189

STRAWBERRY SHAPED SKULL

BILATERAL CHOROID PLEXUS CYST

ABNORMAL FACIES

LEFT SIDED DIAPHRAGMATIC HERNIA WITH STOMACH SMALL BOWEL AND LEFT LOBE OF LIVER AS CONTENTS

CLENCHED FISTS

CLAW HANDS

Counselling: The above scan findings and its implications have been explained in detail to the couple. The etiology of Congenital Diaphragmatic hernia could be a chromosomal anomaly or single gene disorder. **Direct sampling procedure (amniocentesis)** will be helpful to rule out chromosomal abnormalities. The benefits, risks and the cost involved were explained in detail. In view of multiple anomalies poses this fetus at guarded prognosis. If couple opts of Amniocentesis kindly review at the earliest which would help us in decision making also preconceptional counseling prior to planning next pregnancy.