OB - First Trimester Scan Report

Indication(s)

First trimester scan

G3P1L1 A1

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal and Transvaginal

Single intrauterine gestation

Maternal

Cervix measured 3.2 cm in length.

Internal os closed

Fetus

Survey

Placenta - Anterior

Liquor - Normal

Fetal activity present

Cardiac activity present

Fetal heart rate - 152 bpm

Biometry (mm)

CRL	51, 11W 5D	(9%)
BPD	20, <12W	(10%)
HC	75.43, <12W	(24%)
AC	51.86, <12W	(5%)
FL	6.6, <12W	(15%)

Aneuploidy Markers (mm)

Nasal Bone	Unossified
NT	3.1 INCREASED
Ductus Venosus	Reversal of a wave
Tricuspid Regurgitation	Moderate tricuspid regurgitation

Fetal Anatomy

Head : Midline falx , thalami and both lateral ventricles seen.
Face: Both Orbits and Premaxillary triangle imaged.
Bilateral lymph cysts +
Intracranial translucency seen
Spine : Imaged
Heart: Cardiac activity visualized.
Inflows seen + Single outflow visualised
Abdomen: Stomach visible
KUB: Bladder seen
Limbs : Both upper and lower limbs visualized

Impression

Intrauterine gestation corresponding to a gestational age of 12 Weeks 3 Days
Gestational age assigned as per LMP
Placenta - Anterior
Liquor - Normal

UNOSSIFIED NASAL BONE
INCREASED NT
BILATERAL LYMPH CYSTS
REVERSAL OF A WAVE DUCTUD VENOSUS
MODERATE TRICUSPID REGURGITATION
NORMAL ABDOMINAL AND CARDIAC SITUS
SINGLE PROMINENT OUTFLOW TRACT WHICH IS COMMITTED TO BOTH VENTRICLES - ASYMMETRY OF OUTFLOW TRACTS [AO > PA]
----------Suggestive of COMPLEX CARDIAC ANOMALY
DD : Common arterial trunk / Tetralogy of Fallot

COUNSELING : Couple has been extensively counseled regarding the rationale and implications behind the scan findings. In scan , placenta liquor and fetal activity appeared normal. In view of multiple findings we would strongly recommend invasive testing CVS to rule out aneuploidies.The baby will require Neonatal ICU care after birth and medications to keep the ductus patent. It would also require surgeries postnatally and the long term outcome would depend upon the postnatal oxygen saturation, size of the branch pulmonary arteries and the results of the cardiac surgeries.

Suggested:
1.Chorionic villous sampling for microarray mainly 22q microdeletion.
2.Consultation with Peadiatric cardiologist and cardiothoracic surgeon to understand the prognosis.