

Fetal Growth Scan - Sample Abnormal Report

OB - 2/3 Trimester Scan Report

Indication(s)

Target scan / Fetal echocardiography

FTS screen negative T21 1:72036

PAPP a 0.5MoM

Type II DM on insulin

hba1c 9.9 at the time of conception

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Technical difficulty in imaging due to high BMI and poor penetration of sound waves.

Maternal

Cervix measured 3.2 cm in length.

Internal os closed

Right Uterine	1.6	—+—●(97%)
Left Uterine	3.1	—+—●
Mean PI	2.35	—+—●(99%)

Fetus

Survey

Presentation - Unstable lie

Placenta - Posterior

Liquor - Normal

Umbilical cord - Two arteries and one vein

Fetal activity present

Cardiac activity present

Fetal heart rate - 166 bpm

Biometry (mm)

BPD	45, 19W	●—+—(5%)
HC	165, 19W 3D	●—+—(10%)
AC	128.86, 18W 1D	●—+—(2%)
FL-Rt	30, 19W	●—+—(5%)

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EFW (grams)

BPD,AC	274	●— (15%)
BPD,HC,AC,FL	263	●— (3%)

Fetal doppler

Umbilical Artery PI	1.4	— ● (81%)
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Foot Length : 32 mm

TCD : 20.2 mm —|● (55%)

Ratios(s) RightFL/FootLength = 0.94

Fetal Anatomy

Head appeared normal.

Neck appeared normal.

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

Fetal face appeared normal.

Both lungs appeared normal.

Heart - Four chamber view appears normal

Outflow tracts appeared normal.

Abdominal situs appeared normal.

Stomach and bowel appeared normal.

Both kidneys and bladder appeared normal.

All long bones appeared normal for the period of gestation.

Impression

Single gestation corresponding to a gestational age of 20 Weeks 4 Days

Gestational age assigned as per LMP

Placenta - Posterior

Presentation - Unstable lie

Liquor - Normal

Estimated fetal weight according to BPD,AC :- 274 + / - 27.4 BPD,HC,AC,FL :- 263 + / - 26.3 gms.

Growth - All parameters falls less than 10th%ile for 20 -21 weeks gestation.

-----**Suggestive of Severe early onset fetal growth restriction.**

Doppler -Mean uterine artery PI high.

Counseling

1. The above scan findings has been explained to couple in detail.

2. The presence of early onset FGR points more in favour of either chromosomal abnormalities / Uteroplacental insufficiency

3. Amniocentesis to establish chromosomal normalcy - to stop Asprin 36hours prior

4. Maternal TORCH screening

5. Close surveillance during pregnancy - Repeat scan at 24 weeks for reassessment

6. Placenta for HPE postdelivery

[Fetal echo& Doppler report enclosed]

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Disclaimer

Limitations of ultrasound scan :The foetal anatomical evaluation was done according to the protocols recommended by the ISUOG and FMF.I declare while scanning the patient, i have not disclosed the sex of the foetus to anybody in any manner. Completion of protocol scanning conditions excludes common major anatomical defects that manifest at this stage of pregnancy in over 95% of foetuses. False negative are uncommon but rarely happen due to late manifestation or evolving abnormalities or due to technical limitations with respect of thick abdominal wall or amount of liquor , multiple pregnancy , advanced gestation and foetal position. Occult and evolving anomalies such as microcephaly , hydrocephalus , isolated cleft palate , retrognathia , cardiac anomalies such as small VSD , secundum ASD and PDA , soft tissue fusion digital anomalies , intestinal obstruction , presence or absence of auditory or anal opening may not be recognizable by ultrasonography. Ultrasound examination alone cannot rule out chromosomal abnormalities or genetic syndromes.