|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Name** |  | **Age / Sex** |  |
| **Hospital ID** |  | **Date** |  |
| **Ref. By** |  |  |  |

**OBSTETRIC GROWTH SCAN**

**LMP: GA BY LMP: weeks days EDD by LMP:**

Single live intrauterine gestation in cephalic presentation.

Regular fetal movements and cardiac activity noted.

|  |  |
| --- | --- |
| BPD: cm(wks days) |  CGA: weeks day |
| HC: cm(wks days) |  EDD:  |
| AC: cm(wks days) |  FHR: bpm |
| FL: cm(wks days) |  EFW: gms |

Placenta: , Grade: ‘’ maturity.

Liquor: Adequate. **AFI-**

**Cervical length : cms**

Doppler study of Umbilical artery, uterine arteries and MCA are within normal limits.

**IMPRESSION:**

* **Single live intrauterine gestation in cephalic presentation corresponding to weeks.**
* **BPP-8/8**
* **Adequate amniotic fluid.**

Note: All fetal anomalies cannot be diagnosed/excluded by antenatal scan. Diagnosis depends on fetal position and liquor quantity. Several anomalies appear only later in gestation. Serial scans are necessary.

Declaration: I, Dr., declare that while conducting Ultrasonography on Mrs. . I have neither detected nor disclosed the sex of her fetus to anybody in any manner.