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

**OBSTETRIC SCAN (ANOMALY SCAN)**

**LMP: GA BY LMP: weeks days GA BY LMP:**

Single live intrauterine gestation in cephalic presentation.

Regular fetal movements and cardiac activity noted.

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

Placenta: , Grade: ‘ ‘ maturity.

Liquor: Adequate

Cervical length: cms

No obvious congenital anomalies detected:

* Fetal cranium, ventricular system & spine appear normal.
* Four chamber view of the cardia appears normal.
* Situs solitus noted.
* Three vessel umbilical cord noted.
* Fetal stomach bubble appears normal.
* Fetal kidneys and bladder appear normal.
* Fetal limbs appear normal to the extent visualised.
* Diaphragm is intact.
* Anterior abdominal wall is intact.
* Doppler study of Umbilical artery, uterine arteries and MCA are within normal limits.

**IMPRESSION:**

* **Single live intrauterine gestation in cephalic presentation corresponding to weeks**

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.