12/per x 350 x (2) → 8400/yr
Carbon Gpg

84 pads/yr

## DEPARTMENT OF RADIOLOGY

| | |
|---|---|
| NAME: | IP.NO: |
| AGE : | SEX : FEMALE |
| DATE : | |

## ANTENATAL ULTRASOUND (THIRD TRIMISTER)

**INDICATION:**

**LMP:** **EDD BY LMP:** SCAN EDD

Single live intrauterine gestation is seen.

**Presentation:**

**Fetal movements and cardiac activity:** **FHR:** **bpm.**

**Fetal biometry:**

| | |
|---|---|
| BPD : | cm |
| HC : | cm |
| AC : | cm |
| FL : | cm |

**USG GESTATIONAL AGE :**

**Effective fetal weight (EFW) :**

**Fetal anatomy:**

Visualized fetal cranium/spine:

Visualized fetal thorax/cardia:

Visualized fetal abdomen:

Visualized fetal Face/orbits/Extremities:

**Umbilical Cord:**

**Placenta:** Location- Lower margin- Grade

**AFI:**

**Cervix:**

**Uterine artery Doppler:** Right: Left: Mean:

**Fetal Doppler: PI of Umbilical artery:** **PI of Middle cerebral artery:** **CPR-**

## IMPRESSION

- **Single liver intrauterine gestation of ~ in presentation.**
- **Interval growth:**

*I hereby declare that while performing the scan, I did not disclose the sex of the baby in any manner. Form F obtained.

*Not an anamoly scan.

Signature