sit(s)

Date: 10/11/2010



MATERNAL-FETAL MEDICINE

7120 Clearvista Drive, Suite 5900 - Indianapolis, IN 46256 Phone 317-621-9210 Fax: 317-621-9211



OBSTETRICS REPORT

Signed Final 10/11/2010 02:39 pm

Patient Info

ID#: 81551010

Name: Charity Counts

Lauren Dungy-Poythress MD

DOB: 01/06/80 (30 yrs)

Date: 10/11/2010

Performed By

Exam Location:

Performed By: Attending:

Judy Heustis RDMS

MFM - Indianapolis

Referred By: Ref Address: Cathy Carr MD

7120 Clearvista Drive Suite 2500

Indianapolis, IN 46256

Indications

Abnormal ultrasound finding

Code

Fetal Evaluation

Number Of Fetuses:

Fetal Card.Act:

142 bpm

Cephalic

Placenta: P. Cord Insertion: Anterior

Appears Normal

F Presentation: Amniotic Fluid

Amniotic F.V.:

Within normal limits

AFI Sum:

12.18 cm 39 %Tile:

Biophysical Evaluation

Amniotic F.V: F. Movement:

Pocket => 2 cm Observed

G. Age: 35w 3d

F. Tone: Score:

Observed

F. Breathing:

Observed

8/8

Biometry

BPD:

OFD:

HC:

AC:

FL:

87.6 mm

114 mm

326.5 mm G. Age: 37w 0d 335.9 mm G. Age: 37w 3d 75.2 mm G. Age: 38w 4d

33 %tile 83 %tile 88 %tile FL/HC: HC/AC: FL/BPD:

FL/AC:

CI (BPD/OFD):

23.0 % 20.8 - 22.6 0.97 85.8 %

76.8 %

22.4 %

0.92 - 1.05 71 - 87 20 - 24

70 - 86

HUM: CER:

67 mm G. Age: 38w 6d 53.5 mm G. Age: N/A

> 95 %tile > 95 %tile

17 %tile

ULN: TIB:

66 mm G. Age: N/A G. Age: N/A 71.2 mm

> 95 %tile > 95 %tile > 95 %tile

FIR Estimated FW:

RAD:

68.4 mm G. Age: N/A 3204 gm. 7 lb 1 oz

G Age: N/A

> 95 %tile 81 %Tile

Gestational Age

LMP: U/S Today: 36w 4d 37w 1d

60 mm

Date:

1/28/2010

EDD: 11/04/10 EDD: 10/31/10

Best

36w 4d

Determined By: LMP (01/28/10)

EDD: 11/04/10

Targeted Anatomy

it(s)

Date: 10/11/2010

Targeted Anatomy	- Continued				
Fetal Central Nerv	ous System				
Calvarium:	Appears Normal	Lateral Ventricles:	Appears Normal	Choroid Plexus	Appears Normal
Intracranial Anat:	Appears Normal	Cerebellum:	Appears Normal	Cisterna Magna:	Appears Normal
Fetal Spine					
Cervical:	Appears Normal	Lumbar	Appears Normal		
Thoracic:	Appears Normal	Sacral	Appears Normal		
Fetal Head/Neck					
Face:	Appears Normal	Lips:	Appears Normal	Eyes	Appear Normal
Fetal Thorax					
Thoracic Contour	Appears Normal	Rt Outflow Tract.	Appears Normal	Cardiac Axis:	Appears Normal
Lungs:	Appears Normal	Lt Outflow Tract.	Appears Normal	Diaphragm:	Visualized
4 Chamber View.	Appears Normal	Cardiac Rhythm.	Appears Normal		
Fetal Abdomen					
Ventral Wall:	Appears Normal	Lt Kidney:	Appears Normal	Bowel:	Appears Normal
Stomach:	Appears Normal	Rt Kidney:	Appears Normal		
Liver:	Appears Normal	Bladder:	Appears Normal		
Fetal Extremities					
Lt Humerus:	Visualized	Rt Forearm:	Visualized	Lt Lower Leg	Visualized
Rt Humerus:	Visualized	Lt Femur:	Visualized	Rt Lower Leg:	Visualized
Lt Forearm:	Visualized	Rt Femur.	Visualized	_	
Other					
Umbilical Cord:	3-vessel	Cord Insertion:	Appears Normal		

Cervix Uterus Adnexae

Cervix.	Not seen
Left Ovary:	Not seen
Right Ovary:	Not seen

impression

Ms. Counts was requested to be seen due to a finding of pyelectasis (10 mm) on a previous ultrasound study. There has been adequate fetal growth. The AFV is within normal limits. Fetal activity is noted. BPP is within normal limits. The exam is limited due to advanced gestational age.

Pyelectasis, or dilation of the renal pelvis, is noted measuring approximately 5-7mm on the right. Hydronephrosis refers to abnormal dilation of the fetal renal collecting system. Most commonly, it results from urinary tract obstruction or vesicoureteral reflux. The most common site of urinary tract obstruction is at the ureteropelvic junction (UPJ). Obstruction may also occur in the ureter, at the ureterovesical junction or in the urethra. Hydronephrosis is diagnosed whenever the renal calyces are dilated or the anteroposterior diameter of the renal pelvis (measured on a transverse view through the kidney) is 7 mm or more before 20 weeks' gestation, or 10 mm or more after 20 weeks' gestation. Hydronephrosis, however, can develop at any time during pregnancy. A renal pelvic measurement of 4-6 mm before 20 weeks' gestation, or 5-9 mm after 20 weeks' gestation, therefore, warrants further follow-up to observe for signs of development of definite hydronephrosis.

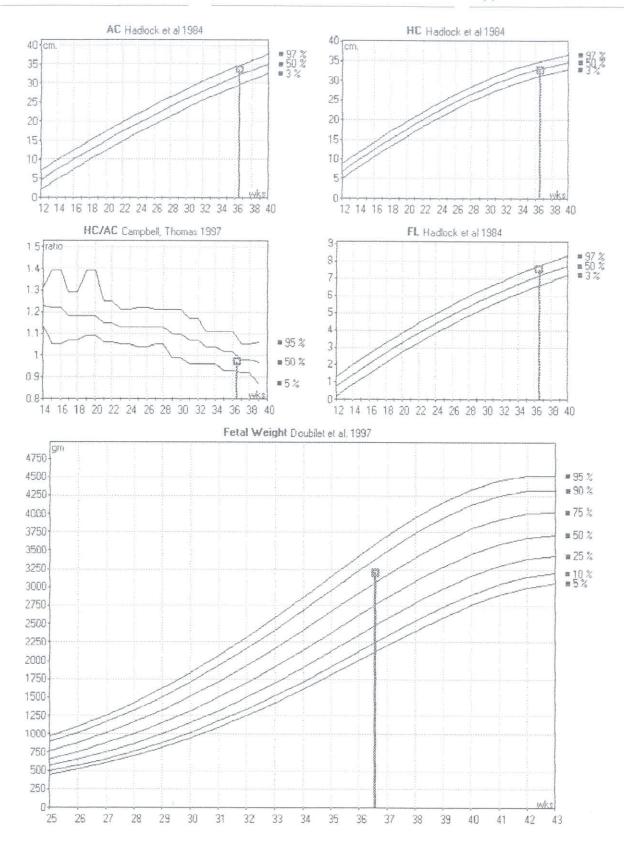
Consultation with the pediatric urologist is recommended. This will be arranged, if possible, prior to delivery. Please contact Dr. Rink's office (274-7472) at the time of delivery and arrangements will be made for neonatal evaluation.

Thank you for allowing us to participate in your patient's care. I spent 15 minutes with Ms. Counts and her husband, over half of which was consultation and coordination of care. Please feel free to contact me if needed.

A copy of this report was sent to the requesting physican.

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Lauren Dungy-Poythress, MD Electronically Signed Final Report 10/11/2010 02:39 pm





Patient Name: COUNTS, CHARITY MARIE

Ordering Doctor: Carr, Cathy D, M.D.

7120 Clearvista Drive Suite 2500

Suite 2500

Indianapolis, IN 46256

Acc: 5807099 MRN: 003740659 DOB: 01/06/1980

Ge

Gender: F

Pt. Type: CIB

Pt. Location: CIB

Exam Date and Time: 10/8/2010 8:42:00AM

Attending Doctor: Carr, Cathy, M.D.

Exam: (CIB) USFET23 - US FETAL 2ND/3RD TRI TRANSABD COMP

Exam: Complete transabdominal fetal ultrasound 10/8/2010

COMPARISON: None

HISTORY: Check size, position, and fluid.

Last menstrual period: Unknown.

FINDINGS: There is a single living intrauterine pregnancy in vertex presentation. The placenta is anterior and above the os. The cervical canal is not well-seen. Amniotic fluid volume appears normal, with an index of 17.6 cm.

There is a 3 vessel umbilical cord. Resistive index in the umbilical artery is within normal limits, measuring 0.7. Fetal heart rate is 123 beats per minute. The intracranial structures are not well visualized. There is dilatation of the right renal pelvis, measuring 10 mm in AP diameter. The stomach and bladder appear unremarkable. Spine and cord insertion are not well visualized.

BPD 9.0cm 36w4d HC 32.23cm 36w3d AC 32.40cm 36w3d FL 7.22cm 37w0d

Estimated fetal weight is 2957 grams.

IMPRESSION:

1. Single living intrauterine pregnancy in vertex presentation. Based on today's fetal measurements, estimated gestational age is 36 weeks 5 days + / - 20 days.

2. Anatomic survey is limited due to gestational age. Right renal pelviectasis is noted, with the pelvis measuring 10 mm in diameter. Follow-up, in utero or after delivery, should be considered.

10-8-10

PA

Dercursed Possible UIS

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10/08/2010

4:26PM

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Community 10/8/2010 4:27:50 PM PAGE 3/003 Fax Server

Patient Name: COUNTS, CHARITY MARIE

DOB: 01/06/1980

Acc: 5807099

MRN: 003740659

To contact radiology please call (317) 621-5071.

Dictated:

10/08/2010 4:03 PM EDT

End of diagnostic report for accession:

5807099

Transcribed By: II 10/08/2010 4:03 PM EDT

Electronically Signed By: Kurowski, Catherine 10/08/2010 4:03 PM EDT

Electronically Authenticated By: Kurowski, Catherine 10/08/2010 4:03 PM EDT

Interpreting Provider: Kurowski, Catherine, M.D.

I AUTHORIZE MY NAME TO BE AUTOMATICALLY AFFIXED TO THIS REPORT BY USE OF MY PERSONAL KEY

COMPUTER CODE.

Diagnosis:

SUPERVIS OTH NORMAL PREG

History:

ck size position and fluid

Comments:

2 pt ids kelly 1-3658