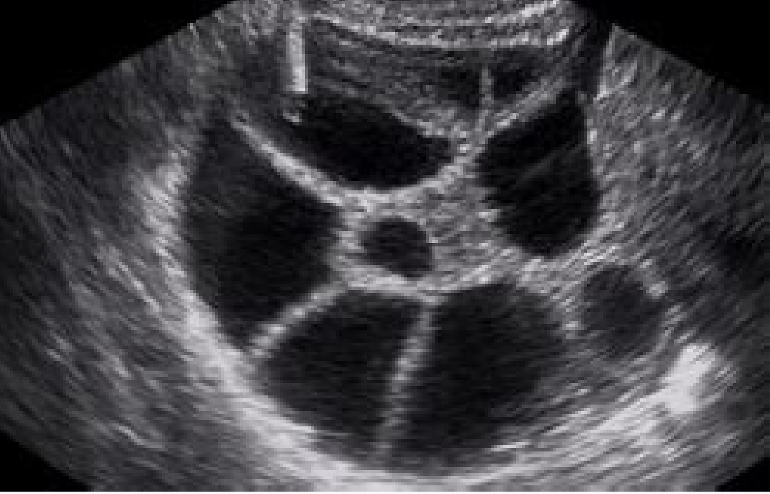
Follicular study scan report

I'm not robot!

Atretic Follicles (NO)				
Follicles (*μm*)	Control-sham	23 days after BUAL	43 days after BUAL	63 days after BUAL
<100	40.5±2.27^{a}	41.6±2.27^{a}	45.2±2.29^{b}	46.1±1.85^{b}
101-200	39.81± 1.07^{a}	40.81± 1.07^{a}	45.18 ±2.52^{b}	50.45± 3.35^{c}
201-300	11.27±1.00^{a}	12.36±1.12^{a}	14.18±1.77^{b}	24.09±1.75^{c}
301-400	12.00 ±0.77^{a}	12.90±0.83^{a}	8.18±0.75^{b}	10.63±0.67^{c}
>400	2.80 ±0.78	No follicles were observed in this size		
Normal Follicles (NO)				
<100	132.20 ± 2.20^{a}	130.50± 2.71^{a,b}	126.10±1.91^{b}	121.80 ±2.34^{c}
101-200	19.41±1.83^{a}	18.41±1.83^{a}	10.41±2.50^{b}	8.33±1.07^{b}
201-300	9.36 ±1.28^{a}	8.36±1.28^{a}	3.72±1.42^{b}	2.18±1.07^{b}
301-400	8.81±0.98^{a}	7.81±0.98^{a}	1.54±0.68^{b}	0.33±0.67^{c}
>400	0.27±0.46	No follicles were observed in this size		



Fluid: Not Seen.

STUDY:

Right Ovary Mean: 25 mm
Right Ovary Mean: 27 mm
Right Ovary Mean: 8 mm
Right Ovary Mean: 8 mm
Left Ovary Mean: 22 mm
Left Ovary Mean: 22 mm
Left Ovary Mean: 10 mm

PHERS COMMENTS:

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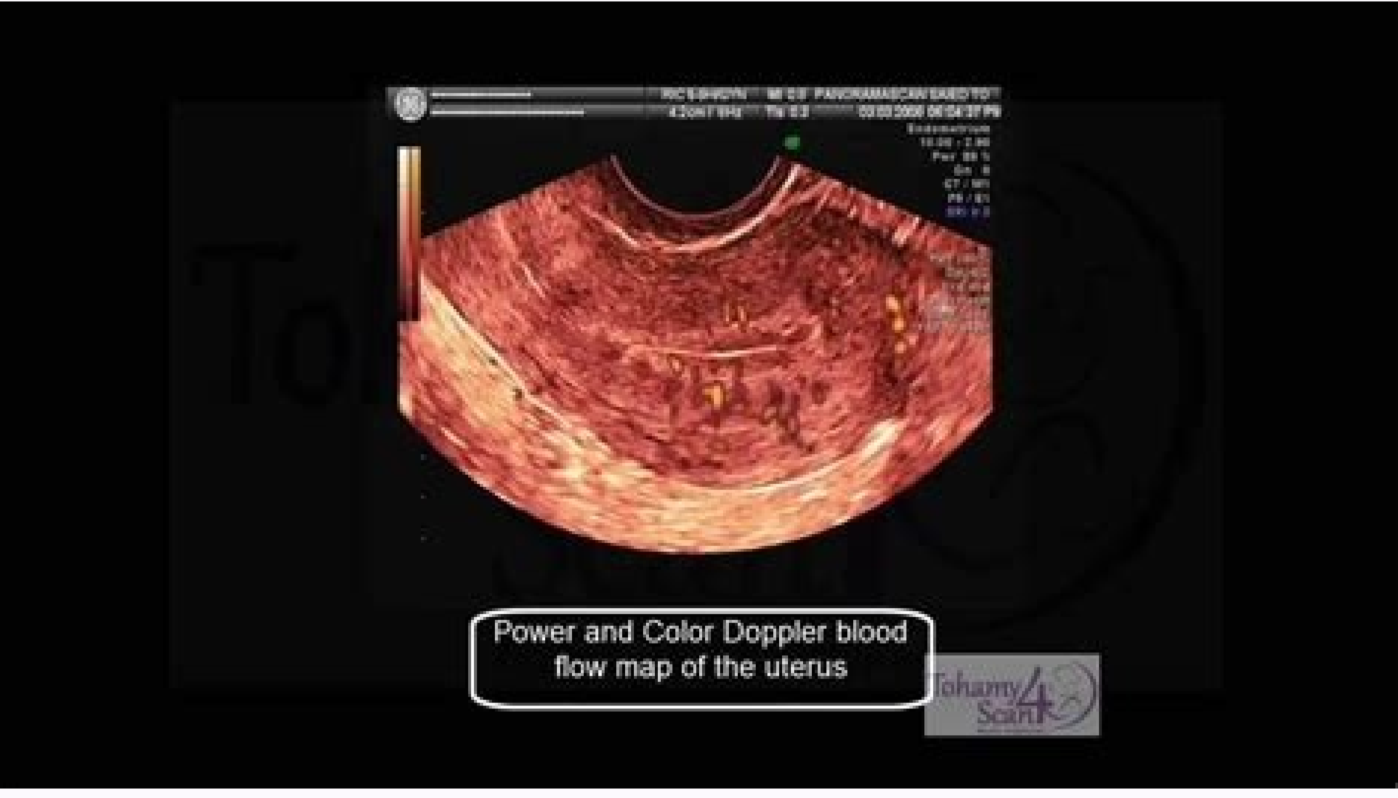

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Last Updated on May 5, 2020 Welcoming a baby home is one of the most difficult, yet most fulfilling things that you can do as a couple. But, it is a given that getting pregnant will not be as easy as it is made out to be. You have to try to conceive at the right time, as the fertile window, during which a woman's egg is fertile (before it is discarded from her body during her periods), is quite small. You have millions of eggs which are waiting to be fertilised, one of which gets released every menstrual cycle into the fallopian tube. If fertilisation does not take place, then the egg, along with the extra lining of the uterus (that was built in anticipation of the egg being fertilised) is released through the process of menstruation. Let us see what follicular study is, and how it can be used to time your efforts to conceive. A follicle is an aggregation of cells (similar to tissue) that is found in a woman's ovaries. Each follicle releases 1 egg in a lifetime. Women are born with roughly 400,000 follicles. A follicular study and pregnancy are closely related; a follicular study is carried out in order to understand whether the person is ovulating at the time. Follicular tracking involves the study of the development of the follicle, in order to find out how close to ovulation a woman is. It involves a simple series of vaginal scans which help identify the stage of the menstrual cycle the woman is in currently. Follicular studies are a huge component of fertility treatments, as they are essential to check if the woman is responding to the treatment. If the person is opting for the IVF (in-vitro fertilisation) method of fertilisation, follicular scans are necessary too. The scan determines the health and number of eggs being produced in a single event of ovulation, and the level of concerned hormones. If the levels of hormones are not right, then the dosage of medicines can be adjusted in order to maximise the chances of conception. The method by which the follicular monitoring procedure is done is called ultrasound scanning. The ovarian follicles are examined, and pictures of the internal organs are taken by inserting small plastic probes into the vagina. The process is carried out by certified sonographers. The probes themselves will be extremely hygienic and clean. You will need to lie down in the stirrup position so that the scan can be done. With a sheet covering you from the waist down, the probes are inserted. These probes emit sound waves in the ultrasound frequencies, using which the images are captured. The sonographer will be able to accurately predict the time the egg will be released, based on how the walls of the uterus have thickened. Therefore, you can plan your efforts to conceive in order to maximise your chances. The follicular study process is, therefore, of great use if you trying to have a child. Who Needs to Get a Follicular Scan Done? This scanning procedure is recommended for couples who are trying to get pregnant, especially if they have not succeeded after trying for many months. The tracking process is also beneficial for: Women who do not know when they ovulate, even after using prediction kits for some time Women who have had unfortunate miscarriages occurring in the early stages of pregnancy, since these scans can help them understand why it occurred Women who have been taking medication to induce the ovulation process in them, or drugs to counter other conception-based problems The process of scanning itself takes less than a quarter of an hour, but the preparations may have to be started a few hours before the scan takes place. The entire process lasts less than ten minutes if you cooperate with your doctor and maintain a good stirrup procedure to help the sonographer. It is common to carry out four to six scans during a cycle, in order to better ascertain when ovulation will take place. The initial scan is called the baseline scan, and it helps the doctor understand the initial stage of the follicle with great certainty. From there on, the doctor schedules the scans at the best times to follow the development of the uterine follicles. The inner lining of the uterus and the growth of the follicle are checked during each scan, and finally, the doctor gets a clear idea of when the woman will be ovulating. These scans might be carried out within an eleven-day window during the cycle of the woman. Although it is a great tool for couples who want to have a baby, the scan can also determine some other problems which may be the root cause of why you are not getting pregnant. Using the scan, the doctor will be able to identify the follicles that do not grow properly and rupture at an early stage. The scan can also detect this condition. The scan also finds out if the follicles are not growing at all or are not rupturing at the right time to allow the fertilisation of the egg. Using the scan, the doctor can check if you're facing any of these conditions, and help you correct or prevent these from occurring. Are There Any Side Effects of a Follicular Ultrasound Scan? There are no physical side effects that can occur to you as a result of this scan, but it can be a taxing ordeal for couples. Most couples who are prescribed to this process would have been trying hard to make a baby for a few months, so these scans may cause sexual compatibility problems between them – this eventually almost leads to marital disharmony. As the doctor goes through the follicular study and chances of pregnancy at particular times, they will tell you the exact time of your ovulation. This may result in the woman wanting to have sex only during that particular period of ovulation, which can mess with the libido of her partner. Men may be of the opinion that regular sex is the answer so that the husband is not reduced to the job of a mere sperm donor in this process of conception. Therefore, if you are going to go for follicular monitoring of egg size to conceive, you must ensure that you do not lose sight of what you are trying to achieve – a baby – and not get lost in a haze of egg tracking, ovulation periods and follicular lining in the process. Follicular tracking is a great method for understanding the process of conception and finding out when the woman is going to ovulate. This is essential for couples who have been trying to get pregnant for an extended period of time, or who are opting for other methods like the IVF. You can time your efforts at the right time and maximise the chances of getting pregnant. Also Read: Bleeding during Ovulation Follicular monitoring or follicular study is a vital component of in-vitro fertilization (IVF) assessment and timing. It basically employs a simple technique for assessing ovarian follicles at regular intervals and documenting the pathway to ovulation. Journey to ovulation begins during late luteal phase of prior menstrual cycle, when certain 2-5 mm sized healthy follicles form a population, from which dominant follicles is to be selected for next cycle This process is called 'recruitment'. Usual number of such follicles may be 3-11, which goes on decreasing with advancing age 1. During Day 1-5 of the menstrual cycle, a second process of 'follicular selection' begins, when among all recruited follicles, certain growing follicles of size 5-10 mm are selected, while rest of the follicles regress or become atretic.During Day 5-7 of the menstrual cycle, a process of 'dominance' begins, when a certain follicle of 10 mm size takes the control and becomes dominant. This also suppresses the growth of the rest of the selected follicles, and in a way, is destined to ovulate. This follicle starts growing at rate of 2-3 mm a day and reaches 17-27 mm size just prior to ovulation 2. One important learning point in this regard is, "largest follicle on day 3 of the cycle, may or may not be a dominant follicle in the end. Process of dominance begins late, when suddenly a certain underdog follicle starts growing faster and suppresses others to become dominant".Almost nearing ovulation, rapid follicle growth takes place, and follicle starts protruding from the ovarian cortex, attains a crenated border, and it literally explodes to release the ovum, along with some antral fluid. ADVERTISEMENT: Supporters see fewer/no ads Transvaginal ultrasound is preferred and usually mandatory modality for monitoring follicles. Ultrasound monitoring may begin on day 3 of the cycle, to assess a baseline size, as well as exclude if any cyst remains from previous hyperstimulation or otherwise. Its important to count the number of existing follicles, document two/three dimensions of each follicles, and also comment on shape (round/oval/rectangular/triangular), echogenicity (echogenic/hypoechoic/anechoic) and antral edges (smooth/intermediate/rough) if possible.As the study progresses on day 7, we should start guessing the ovulatory dominant follicle i.e. dominant follicle which is destined to ovulate. Basically, there are three varieties of eligible follicles: atretic dominant follicle: This follicle is usually largest follicle on day 3, but it is not destined to ovulate. It has an irregular shape, rough edges, and may be little echogenic. ovulatory dominant follicle: This follicle is typically round, with smooth borders, and usually hypoechoic. anovulatory-luteinizing dominant follicle: This dominant follicle grows at a good pace but fails to ovulate, and later becomes a cyst or luteinizes. These are also round and smooth, however anechoic. This subtle recognition of echogenicity difference between hypoechoic and anechoic follicle can help determine whether a follicle is growing to ovulate. Once the follicle reaches 16 mm size, a daily monitoring of follicle is recommended.Next step is documentation of ovulation. Ovulation is sonographically determined by the following sonographic signs: follicle suddenly disappears or regresses in size irregular margins intra-follicular echoes. Follicle suddenly becomes more echogenic free fluid in the pouch of Douglas increased perifollicular blood flow velocities, on doppler Ultrasound monitoring in induced cycles, and predicting success of IVFMost of the IVF studies are conducted after induction of ovaries with help of ovulation inducing agents like Clomiphene citrate. In such induced cycle, primary determinants of success are: ovarian volume antral follicle number ovarian stromal blood flow Ovarian volume is easy to measure, although not a good predictor of IVF outcome. Now, it is documented, that a low ovarian volume does not always lead to anovulatory cycle. But, it is important to recognize a polycystic ovarian pattern and differentiate it from post-induction multicystic ovaries. Follicles arranged in the periphery forming a 'necklace sign', echogenic stroma, and more than 10 follicles of less than 9 mm size, signify a polycystic pattern in induced cycle. While, follicles in the center as well as the periphery, are seen in normal induced multicystic ovaries 4.Antral follicle number of less than three 5, usually signify possible failure of assisted reproductive therapy (ART).Ovarian stromal blood flow has been recommended as a good predictor of ART success. Increased peak systolic velocity (>10 cm/sec) is one of such parameters which has been advocated.Although, it is a matter of choice, based on experience of individual IVF specialists, there are certain parameters which may be considered. Minimal criteria 6 suggested is a follicle size of at least 15 mm, and serum estradiol level of 0.49 nmol/L. Better prospects are at follicle size of 18 mm, and serum estradiol level of 0.91 nmol/L.Random hCG administration should be avoided 3, to prevent a risk of ovarian hyperstimulation syndrome (OHSS). ADVERTISEMENT: Supporters see fewer/no ads ovarian follicles ovarian hyperstimulation syndrome

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