



मेधा डायग्नोस्टिक्स

ऑडवांस्ड सोनोग्राफी डिजिटल एक्स-रे सेंटर

नगर परिषद गार्डनच्या वाजुला, खिस्तीनंद चौक जवळ,

वांगपूर रोड, वरुणपुरी, जि. चंद्रपूर

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Dr. Jitesh K. Sarkure

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(Reg No. 2016/12/4963)

Name: Mrs. Ashwini Sandesh Sandokar	Age: 28 Years	Sex: F
Ref: Dr. Ashish Selokar Sir		Dt.: 26 Feb 2022

REAL TIME ULTRASOUND - FIRST TRIMESTER (NT SCAN)

LMP:12/11/2021

GA (LMP): 15 weeks 1-day

EDD (LMP):19/08/2022

GA (USG): 13 weeks 5-day

EDD (USG):29/08/2022

Single live intrauterine fetus with normal cardiac activity and fetal movements.

CRL : 7.6 cms = 13 weeks 5 day

DOB - 10/09/93

Normal cardiac activity seen. Fetal heart rate - 167 bpm.

Height - 5.3 ft

Nuchal translucency measures 0.7 mm. (within normal limits) weight - 55 kg

Nasal bone is well visualized and appears ossified.

Intracranial translucency is well visualized.

Ductus venous show normal flow in atrial systole.

No e/o tricuspid regurgitation.

Liquor is adequate.

Placenta is differentiated developing anteriorly with grade 0 maturity. No e/o previa.

Internal os is closed. Cervix measures 4 cms.

Fetal stomach, spine, limbs, four chamber heart are well visualized and appears normal.

Barcode - 23030587

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COLOUR DOPPLER -

	RI	PI	S/D	Percentile of PI
Right Uterine Artery	0.7	1.6	4.6	67 centiles within normal limits
Left uterine Artery	0.8	1.8	4.8	

Right uterine artery and left uterine artery reveal normal colour flow, trace and velocities.

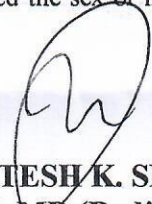
CONCLUSION:

- Single live intrauterine pregnancy corresponding with 13 weeks 5 day.
- 1 week 3-day disparity with menstrual age and near normal interval growth.
- Nuchal scan is within normal limits.

Suggest- Anomaly scan between 19-20 weeks.

All fetal measurements including fetal weight are subject to known statistical variations. Not all anomalies can be detected on ultrasound due to varying fetal position, amounts of liquor, fetal movements and abdominal wall thickness.

DECLARATION OF DOCTOR - I, Dr Jitesh Serkure declare that while conducting ultrasonography/image scanning, I have neither detected nor disclosed the sex of her foetus to anybody in any manner.


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Consultant Radiologist.
Reg. No. 2016124963

मेधा डायग्नोस्टिक्स

अल्ट्रासाउंड सोनोग्राफी (अल्ट्रा) डिजिटल एक्स-रे सेंटर

नगर परिषद गार्डनच्या बाजूला, स्वस्तानंद चौक जवळ,

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(Reg No. 2016/12/4963)

NAME: Mrs. Ashwini Sandorkar	AGE: 28 yrs.	Sex: F
Ref: Dr. Ashish Selokar Sir		DATE- 26/02/2022

Risk assessment preeclampsia (fetal medicine foundation)

Examination date -26-02-2022

Gestational age -13⁺4 weeks

Maternal characteristics

Age in years -28.5

Height in cm -160

Weight in kg- 45

Racial origin -South Asian

Smoking during pregnancy -No

Family history of preeclampsia -No

Method of conception- Spontaneous

Singleton or twins -Singleton

Medical history

Chronic hypertension -No

Diabetes type I -No

Diabetes type II -No

Systemic lupus erythematosus- No

Anti-phospholipid syndrome- No

Obstetric history

Parity Parous

Preeclampsia -No

Date of delivery -17-08-2017

Gestational age at delivery -37⁺2 weeks

Inter-pregnancy interval -4.3 years

Biophysical measurements

Mean arterial pressure -77 mmHg (0.973 MoM)

Uterine artery PI -1.7 (1.063 MoM)

Measurement date -26-02-2022

Preeclampsia risk from history only

< 37weeks: 1 in 400

Preeclampsia risk from history plus MAP, UTPI

< 37weeks: 1 in 769

Recommendation

The risk of preeclampsia was assessed by a combination of maternal characteristics and medical history with measurements of blood pressure and blood flow to the uterus.

On the basis of this assessment the patient has been classified as being at low risk for developing PE before 37 weeks. Nevertheless, it is recommended that the risk is reassessed at 20 and 36 weeks.

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Investigation have their own limitations. The science of radiological diagnosis is based on the interpretation of various patterns, images by both the normal and abnormal tissues. This report represent some of the various possibilities. Please note that radiographic findings needs clinical correlation and further evaluation for final diagnosis. Further evaluation and follow up is suggested for each and every imaging report. This document is not for medicolegal purposes.

