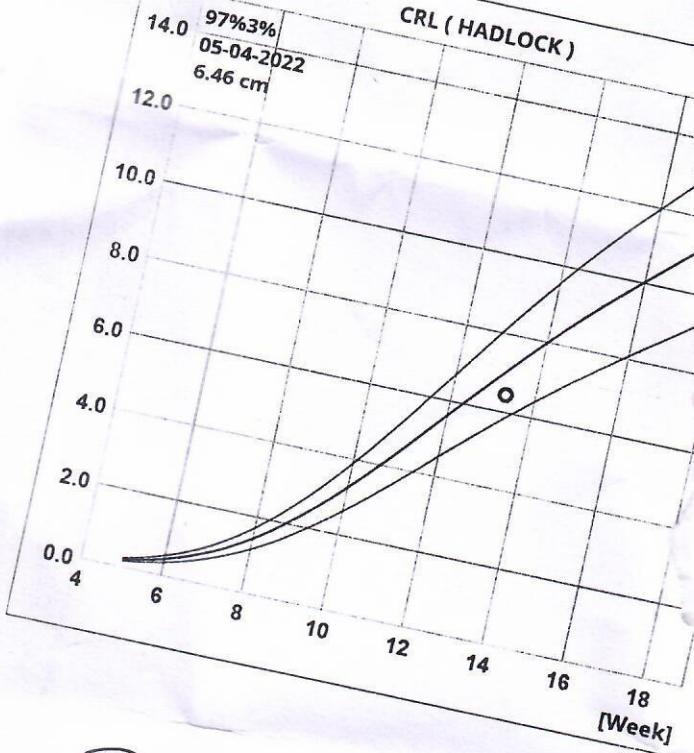


SAMARTH SONOGRAPHY CENTER

ID	05042022-121444PM	Name	RANI, INGLE 22
Date of Birth(Age)		Exam Date	05-04-2022
Indication		Gender	
Diag. Physician		Ref. Physician	
LMP	02-01-2022	OB	Operator
Composit GA	Average	GA(LMP)	
Fetal Biometry		GA(AUA)	
CRL	6.46	13w2d	
	6.46	13w1d	

Fetal Cranium		GA			GP	
NT	NB	m1	m2	m3	cm	Last
		1.68	1.68	1.61	mm	Max
		0.25	0.25		cm	Last

CRL (HADLOCK)



Mrs. Ranjini Ingle

Height - 5.2

Weight - 49kg/m²

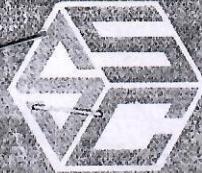
DOB - 12 Dec 99

LMP - 02/01/22

Barcode - 23317948

Diag. Physician:

Operator:



Timing : Morning 11 am to 2 pm
Evening 5 pm to 8 pm

NAME : MRS. RANI INGALE
AGE / SEX : 22 YRS / FEMALE.
REF. BY : DR. KAVITA
EXAMINATION : USG – OBSTETRIC (NT SCAN)
DATE : 05 / 04 / 2022

SONOGRAPHY OF GRAVID UTERUS

Single viable intrauterine fetus with variable presentation at the time of examination.
Fetal movements and cardiac pulsations are well appreciated.
Fetal Heart Rate: 151 Beats/ min.

LMP: 02/01/2022

According to LMP the gestational age corresponding to 13 Weeks 2 Days.
The crown rump length measures 6.46 cm corresponding to 13 Weeks 1 Days
Expected date of delivery (E.D.D) according to this ultrasound examination is 10/10/2022 .

NT: 1.6 mm

Nasal bone is ossified.

Ductus venosus flow is normal.

Placenta: Location: Anterior, Maturity Grade: 0

Placental thickness appears normal. No evidence of placenta praevia or accreta.
Fetal cerebral hemispheres, ventricles, spine, stomach and limbs appear normal.
There are no obvious gross congenital anomalies detected.
Liquor is adequate for gestational age.
Cervix length is adequate and measures 3.3 cm. No obvious evidence of cervical incompetence.
Internal os closed during examination.
Uterine artery screening Doppler study shows mean PI : 1.4

Opinion:

- Single viable intrauterine fetus with variable presentation at the time of examination.
- The average sonic maturity of fetus corresponds with 13 weeks 1 days.

Declaration:- I have neither detected nor disclosed the sex of the fetus of pregnant women to anybody as laid in rule 10 (IA)

Note :-
 1) This is a Professional Opinion only and not the final Diagnosis.
 2) No ultrasonography finding is pathognomonic, all findings are only suggestive, hence they should be reviewed with the relevant clinical examination & relevant investigations before embarking upon the final Diagnosis and proceeding for Management (Medical or Surgical)
 3) Not all gross congenital anomalies of fetus are apparent during scanning due to difficult & variable position attained by the fetus. Hence this USG scan cannot exclude all gross congenital fetal anomalies. Fetal cardiac anomalies are not included, ask for fetal echocardiography whenever suspected.
 4) Whenever suspect congenital anomalies, ask for targeted scan along with serum alpha fetoprotein estimation.
 5) In case of Disparity between clinical and Sonographic/X-ray findings, please send patient again for review.
 6) This report is not valid for medico legal purposes.
 7) Subject to Nagpur Jurisdiction only.

**DR. DEVYANI BAWANKAR – MBBS, MD
CONSULTANT RADIOLOGIST**

Barcode - 23317948

**FACILITIES ♦ ABDOMINAL & PELVIC SONOGRAPHY ♦ COLOUR DOPPLER STUDY ♦ OBSTETRIC SONOGRAPHY
♦ OVULATION / FOLLICULAR STUDY ♦ TRANSVAGINAL SONOGRAPHY ♦ SMALL PART SONOGRAPHY**