



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

NAME : MRS. PRIYA VAIRAGADE  
AGE / SEX : 30 YRS / FEMALE.  
REF. BY : DR. KAVITA PIMPALSHENDE  
EXAMINATION : USG – OBSTETRIC (NT SCAN)  
DATE : 07 / 04 / 2022

wt. 50 kg  
Ht. 5.2  
DOB - 29/11/92  
LMP - 30/12/21

## 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: 160 Beats/ min.

LMP: 30/12/2021

According to LMP the gestational age corresponding to 14 Weeks 0 Days.

The crown rump length measures 6.72 cm corresponding to 13 Weeks 2 Days

Expected date of delivery (E.D.D) according to this ultrasound examination is 11/10/2022 .

NT: 1.4 mm

Nasal bone is ossified.

Ductus venosus flow is normal.

Placenta: Location: Right lateral wall, 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 3.0 cm. No obvious evidence of cervical incompetence.

Internal os closed during examination.

Uterine artery screening Doppler study shows mean PI : 0.9

### Opinion:

- Single viable intrauterine fetus with variable presentation at the time of examination.
- The average sonic maturity of fetus corresponds with 13 weeks 2 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 - 23317958

FACILITIES + ABDOMINAL & PELVIC SONOGRAPHY + COLOUR DOPPLER STUDY + OBSTETRIC SONOGRAPHY  
+ OVULATION / FOLLICULAR STUDY + TRANSEVAGINAL SONOGRAPHY + SMALL PART SONOGRAPHY