



SAMARTH SONOGRAPHY CENTRE

DR. DEVYANI BAWANKAR

MBBS, MD (Radio-diagnosis)

Reg. No. : 2014/06/2714

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

NAME : MRS. PRAGATI MOKHARE
AGE / SEX : 23 YRS / FEMALE.
REF. BY : DR. KAVITA PIMPALSHENDE
EXAMINATION : USG - OBSTETRIC (NT SCAN)
DATE : 25 / 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: 26/01/2022

According to LMP the gestational age corresponding to **12 Weeks 5 Days**.
Expected date of delivery (E.D.D) according to LMP is **02/11/2022**.

The crown rump length measures **5.13 cm** corresponding to **12 Weeks 2 Days**
Expected date of delivery (E.D.D) according to this ultrasound examination is **05/11/2022**.

NT: 1.1 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 : 1.6

Opinion:

- Single viable intrauterine fetus with variable presentation at the time of examination.
- The average sonic maturity of fetus corresponds with 12 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 (1A)

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 and proceeding for Management (Medical or Surgical)
are apparent during scanning due to difficult & variable position attained by the fetus. Hence this USG scan cannot exclude all
e anomalies are not included, ask for fetal echocardiography whenever suspected
ik for targeted scan along with serum alpha fetoprotein estimation.
onographic/X-ray findings, please send patient again for review.
rposes.

Mrs Pragati
Mokhare
Age 23y
wt 39.14
Ht 5.2

DR. DEVYANI BAWANKAR - MBBS, MD
CONSULTANT RADIOLOGIST

SONOGRAPHY ✦ COLOUR DOPPLER STUDY ✦ OBSTETRIC SONOGRAPHY
DY ✦ TRANSVAGINAL SONOGRAPHY ✦ SMALL PART SONOGRAPHY

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D.O.B. 13/2/2000
LMP 26/1/2022