

Patient Name	MRS. PRIYA RAJAT TALEKAR	Age /sex	27 YRS/F
Referred by	DR. SUMEET BAHETI	Visit date	01/07/2022
Patient Id	95204	BILL NO	39682
LMP	03/04/2022	LMP EDD	08/01/2023
LMP GA	12 w 5 d	AUA GA	12 w 6 d

EARLY PREGNANCY (NUCHAL SCAN) USG REPORT

Indication: NT scan

A single live intrauterine gestation seen with spontaneous movements.

Liquor appears to be adequate for gestation.

Cardiac activity seen with FHR 152 BPM.

Flow across tricuspid valve and Ductus venosus is normal.

CRL - 6.43 cm with gestational age 12 w 6 d

Nuchal Translucency measures 1.2 mm.

Intracranial translucency appears normal.

Nasal bone and retronasal triangle seen.

Bladder and stomach bubble seen.

All four limbs with spontaneous movement seen.

Spine, facial skeleton forming. Midline falx seen.

Placenta forming right lateral.

No evidence of any sub chorionic collection at present.

Cervical length appears normal. (os closed.) Transabdominal

Uterine Artery Doppler (Pulsatility index)

Right Uterine Artery PI	Left Uterine Artery PI	Mean uterine artery PI:
1.9	2.1	2.0
PERCENTILE: 81 CENTILE - NORMAL		

(Ref percentiles: fetal medicine Barcelona)

Age:- 27/A
DOB:- 25/06/95
Weight:- 37 Kg
H : 159 cm

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44, Kingsway, Near Kasturchand Park, Nagpur, Maharashtra, India - 440 001.

Phone: + 91 7126789100 | Email: info@kingswayhospitals.com

www.kingswayhospitals.com

Toll-free Number 1800 266 8346 | Emergency No: 0712-4769200 | Ambulance No: 80074 80078

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IMPRESSION:

Single live intrauterine gestation corresponding to average Gestational age of 12 w 6 d with Nuchal translucency of 1.2 mm. EDD assigned as per LMP is 08/01/2023.

(Detailed Anomaly scan suggested @ 18-20 weeks)


DR. ASHWINI GANJEWAR
DMRD, DNB.
Consultant Radiologist

Declaration of doctor/person conducting ultrasonography/image scanning.

I Dr. Ashwini Ganjewar declare that while undergoing ultrasonography/image scanning on patient neither detected nor disclosed sex of foetus to anybody in any manner.

All measurements including estimated fetal weight are subject to statistical variations

Not all anomalies can be detected on sonography. Detection of anomalies is dependent on fetal position, gestational age. Maternal abdominal obesity and other technical parameters. Follow up scanning and second opinion are always advisable. For detection of cardiac anomaly foetal echography is necessary.

Chromosomal anomalies need chorionic villus sampling for diagnosis.

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SAVE GIRL CHILD