

GURUKRIPA SONOGRAPHY AND SKIN CLINIC

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JAGDISH APPT.AMBEDKAR SQUARE

GAROBA MAIDAN,NAGPUR.MOB.9822844424.

USG OBSTETRIC (NT Scan)

Name of Patient :Mrs.Shweta Maske.

Age. :35yrs.

Ref. by :Dr.Swati Malpani madam.MBBS,DGO.

Date :10/10/2022.

LMP:05/07/2022

Menstrual Age: 13weeks6days.

EDD:11/04/2023

Single live intrauterine fetus in **changing lie**,at present.

Fetal body movements & cardiac activity appear normal.

Fetal skull & brain appears normal.

Nuchal translucency thickness is 1.5mm. *

Nasal Bone is present & appears normal.

No e/o Examphalos

Stomach & urinary bladder are seen.

Ductus venosus waveform is normal.

No e/o tricuspid regurgitation.No e/o any soft marker.

No obvious congenital anomalies seen for present gestational age.

FETAL BIOMETRY:

	BPD	HC	AC	FL
MM	22.4	82.2	64.7	9.6
WK	13w5d	13w4d	13w1d	12w6d

CRL:67.0mm:13weeks.

FHR:166b/min.

Sonic Gestational Age: 13weeks.

Sonic EDD17/04/2023

Sonic Fetal weight:69gms.

Liquor is adequate for gestational age.

Placenta is forming in fundo-posterior uterine wall.

Lower placental margin is reaching upto the internal os. *

Internal os is close.Cervical length is adequate.

10.10-13wks
17.10 14wks
24.10 15wks
26-27 wks

Small,rounded, cystic lesion of size approximately 32x25mm is seen in left ovary. *

Right ovary is normal.

No e/o free fluid in pouch of douglas.

Rt uterine:PI:2.2,RI:0.8,SD Ratio:6.3.

Lt uterine:PI:1.4,RI:0.7,SD Ratio:3.3.

Mean uterine artery PI is 1.8.

OPINION:USG OBSTETRIC SCAN:—

- Single live,intrauterine pregnancy in **changing lie**,at present with sonic maturity approximately 13weeks.
- Nuchal translucency thickness is 1.5mm.
- **Small left ovarian cyst?corpus luteum cyst.**
- Placenta is forming in fundo-posterior uterine wall,with,Lower placental margin is reaching upto the internal os.

KINDLY CORRELATE CLINICALLY.

Adv:Follow-up scan.

I ,Dr. Seema Dayani,declare that while undergoing ultrasonography on this patient, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.


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Thanks for referral.

Please Note: This investigation has been done as per the request of the referring doctor.
Sex of the fetus is not disclosed or mentioned to anybody in any manner.

It must be noted that detailed fetal anatomy may not always be visible due to technical difficulties related to fetal position, amniotic fluid volume, fetal movements and maternal abdominal wall thickness.

Basic evaluation of the heart is done in this examination. Fetal echo is not a part of this study and should be done around 22-24 weeks when visualization of heart is much better.

Furthermore all fetal anomalies may not necessarily be detected at every examination.
All measurements including fetal weight are subject to statistical variations.

In case of disparity between report and clinical evaluation, second opinion is advisable before commencing the final treatment.


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