



H-2021-0839

। धर्मादाय रवणालय ।



SHRI BHAVANI

MULTISPECIALTY HOSPITAL & RESEARCH INSTITUTE

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Name : Mrs. Payal Dangale
Age/Sex : 24 Yrs / Female
Ref. By : Dr. Dipti Shende
Date : 16/12/22
LMP : 12/9/22 (13 weeks 4 days)

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: 148 Beats/ min.

LMP: 12/9/22.

According to LMP the gestational age corresponding to **13 Weeks 4 Days**.

The **crown rump length** measures **6.59 cm** corresponding to **12 Weeks C Days**

Expected date of delivery (E.D.D) according to this ultrasound examination is **24/6/23**.

NT: 1.9 mm

Nasal bone is ossified.

Ductus venosus flow is normal.

DV PI-1.1 (Normal).

Doppler:

Right uterine artery PI-1.1 (Normal)

Left uterine artery PI-1.3 (Normal)

Placenta: Location: Fundal & Posterior.

Placental thickness appears normal. No evidence of placenta praevia or accreta.

No evidence of placental infarcts.

Liquor is adequate for gestational age.

Cervix length is adequate, no obvious evidence of cervical incompetence.

Internal os closed during examination.

Opinion:

- Single viable intrauterine fetus with variable presentation at the time of examination.
- The average sonic maturity of fetus corresponds with **12 weeks C days** with corrected EDD is **24/6/23**.
- NT- 1.9mm.

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



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Legacy of Trust & Care...

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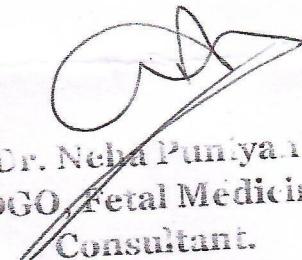
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Note :-

- 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. Neha Punya
DGO, Fetal Medicine
Consultant.