



Sachin

Radio Diagnostic Center

Dr. Sachin A. Vishwambhar

Consultant Radiologist

MBBS DMRD

Reg. No. 2012051018

TNMC & BYL'S Nair Hospital, Mumbai

Tadoba Road, Tukum, Chandrapur, Infront Of Mohurle Hospital, Mob. : 70204 90042

Name: Mrs. Sangita Daiwalkar

Referred by: Dr. Mahesh Giradkar Sir

Age/Sex: 36 Yrs/Female

Date: 20/02/2023

USG OBSTETRICS (NT- SCAN)

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal. ~~LTV~~

Single intrauterine gestation.

LMP: 28/11/2022

AGA as per LMP: 12 weeks 00 Day.

AGA as per USG: 12 weeks 06 Day

Assigned EDD: 04/09/2023

Maternal:

Cervix measured 3.4 cms in length. Internal os is closed.

Both uterine artery screening is done, show normal spectral pattern. Mean uterine PI 56 percentile is normal.

Right uterine artery PI: 1.64 Left uterine artery PI: 1.65 Mean PI: 1.6

Fetus survey:

Placenta: Developing Posteriorly.

Liquor: Adequate.

Umbilical cord: Two arteries and one vein.

Fetal activity: Present.

Cardiac activity: Present with FHR-157 bpm.

Biometry

Biparietal diameter	18.98 mm	13 Wks 00 Day
Head circumference	71.80 mm	13 Wks 00 Day
Abdominal Circumference	61.72 mm	12 Wks 06 Day
Femur length	08.00 mm	12 Wks 03 Days

CRL measured 61.06 mm correspond to 12 weeks 04 days.

Nasal Bone appear normal for Gestational age.

Nuchal translucency measured 0.8 mm (06 Percentile) normal for gestational age.

Ductus venosus show normal spectral pattern.

Tricuspid regurgitation: Absent.

Fetal Anatomy:

Spine normal, Skull and Brain appear Normal. Nasal bone well seen. Nasal triangle well formed. No maxillary gap. FMF angle normal. Mandibular gap sign seen. Stomach seen. No obvious congenital anomalies seen for the period of gestation.

Fetal doppler:

Ductus venosus PI: 0.97

(P.T.O.)

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Impression:

- A single live early intrauterine gestation of average maturity 12 weeks 06 days. Placenta is developing Posteriorly. No obvious congenital anomaly seen for date. Nuchal translucency appear normal (06 percentile for CRL). No TR, No flow reversal in ductus venosus. Normal nasal bone seen.

Suggested: Double marker test for aneuploidy risk calculation.

(I, DR.SACHIN VISHWAMBHAR DECLARE THAT WHILE CONDUCTING ULTRASONOGRAPHY OF THIS PATIENT I HAVE NEITHER
DETECTED NOR DISCLOSED THE SEX OF HER FETUS TO ANYBODY IN ANY MANNER)


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The investigation has been done as per the request of the referring doctor /patient.

Not valid medicolegal purpose

The science of the radiological diagnosis is based on the interpretation of various shadows by both the normal and abnormal tissues. Variety of disease process may produce similar echopattern or shadow.

This report is meant only to assist a competent medical practitioner to have an idea of disease process if any, by clinico hematological correlation and is required by obtaining further view or additional investigation, as he may deem necessary.

Science of Ultrasound, Ultrasonography machine and probe, all have their own limitation. Even the most sophisticated ultrasound machine can make unaccountable error and have limitation in diagnosis. Lesions in gas filled viscera like intestine and appendix may not be diagnosed.

All congenital foetal anomalies are not detected by sonography.

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