

Patient Name	MRS. ROSELINA HEMDEV GOHANE	Age /Sex	25 YRS / F
Referred by	DR. PAYAL AGRAWAL	Visit date	11/02/2023
Patient Id	KH 54700		
LMP	20/12/2022		
LMP GA	7 W 4 D	AUA	8 W 5 D
EDD (LMP)	26/09/2023 ✓	EDD (AUA)	18/09/2023 ✓

### EARLY PREGNANCY ULTRASOUND REPORT

Real time b mode ultrasonography done via transvaginal route.

**Indication:** confirmation of pregnancy/viability

Gravid uterus with well-defined gestational sac and good decidual reaction seen.

Single live intrauterine gestation with CRL measuring 2.09 cm, corresponding to 8 w 5 d.

Yolk sac seen.

Cardiac activity seen with FHR measuring 174 bpm.

No evidence of any perigestational haematoma noted.

Cervical length measuring 4 cm.

Both Adnexae normal.

No free fluid seen in pelvis.

### **IMPRESSION:**

Single live intrauterine gestation corresponding to ultrasound Gestational age of 8 w 5 d with cardiac activity.

Suggested NT scan @ 12-13wks.

*BAJ*

DR. PAYAL AGRAWAL

MBBS, MD, DNB, MNAMS

Fellowship in reproductive medicine

Consultant obstetrics & gynecology

Fertility consultant

IVF specialist

REG NO: MMC - 2007073019

### Declaration of doctor/person conducting ultrasonography/image scanning.

I DR. PAYAL AGRAWAL declare that while undergoing ultrasonography/image scanning on patient neither detected nor disclose the 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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