



Patient name	Mrs. MADHURI TEKADE	Age/Sex	26 Years / Female
Patient ID	E12340-23-03-22-5	Visit no	1
Referred by	Dr. PANKAJ SARODE	Visit date	22/03/2023
LMP date	24/12/2022, LMP EDD: 30/09/2023[12W 4D]		

OBSTETRIC SONOGRAPHY REPORT - NT SCAN

Indication(s)

Purpose of study-Detection of chromosomal abnormalities, foetal structural defects and other abnormalities and their followup

Route: Transabdominal

Single intrauterine gestation

Maternal

Cervix measured 3.33 cm in length.

Right Uterine	2.49	↔●(>99%)
Left Uterine	2.28	↔●(86%)
Mean PI	2.385	↔●(92%)

Fetus

Survey

Placenta	:	Anterior wall
Liquor	:	Adequate
Fetal activity	:	Fetal activity present
Cardiac activity	:	Cardiac activity present Fetal heart rate - 171 bpm

Biometry(Hadlock, Unit: mm)

CRL	65.6, 12W 5D	↔●(59%)
BPD	22.8, 13W 5D	↔●(82%)
HC	85.7, 13W 5D	↔●(76%)

Fetal doppler

DuctusVenosus PI	1.04	↔●
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Aneuploidy Markers (mm)

Nasal Bone	Seen
NT	1.7 Normal
Ductus Venosus	Normal flow

Mrs. MADHURI TEKADE / E12340-23-03-22-5 / 22/03/2023 / Visit No 1

Impression

INTRAUTERINE GESTATION CORRESPONDING TO A GESTATIONAL AGE OF 12 WEEKS 4 DAYS
GESTATIONAL AGE ASSIGNED AS PER LMP

MEAN UTERINE ARTERY PI IS NORMAL.

NEEDS FOLLOW-UP FOR ANOMALY SCAN AROUND 18-20 WKS.

8

DR SANDEEP PANSARE [MBBS, DMRE]

Reg. No 2002/03/973

BCFRG- Basic Course in Fetal Radiology and Genetic [MSBIRIA].

Fetal Medicine Training by Scholar MD.

Fetal Medicine Foundation [UK] ID - 143681, Certificates of competence in- Nuchal translucency, Nasal Bone, Preeclampsia screening and Cervical assessment.

(I declare that while undergoing ultrasonography / image scanning on this patient I have neither detected nor disclosed the sex of her foetus to anybody in any manner.)

DECLARATION OF PREGNANT WOMAN

I declare that by undergoing ultrasonography / image scanning etc. I do not want to know the sex of my foetus.

signature / Thum impression of pregnant woman

Madhuri

First Trimester Screening Report

Tekade Madhuri

Date of birth : 07 September 1996, Examination date: 22 March 2023

Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).

Parity: 0; Spontaneous deliveries between 16-30 weeks: 0.

Maternal weight: 51.0 kg; Height: 165.0 cm.

Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: no; Antiphospholipid syndrome: no; Patient's mother had preeclampsia: no.

Method of conception: Spontaneous;

Last period: 24 December 2022

EDD by dates: 30 September 2023

First Trimester Ultrasound:

US machine: GE VOLUSON 6. Visualisation: good.

Gestational age: 12 weeks + 6 days from CRL

EDD by scan: 28 September 2023

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	171 bpm
Crown-rump length (CRL)	65.6 mm
Nuchal translucency (NT)	1.7 mm
Biparietal diameter (BPD)	22.8 mm
Ductus Venosus PI	1.040
Placenta	anterior high
Amniotic fluid	normal

Chromosomal markers:

Nasal bone: present.

Fetal anatomy:

Skull/brain: appears normal; Spine: appears normal; Abdominal wall: appears normal;
Stomach: visible; Hands: both visible; Feet: both visible.

Uterine artery PI: 2.38 equivalent to 1.460 MoM

Endocervical length: 33.0 mm

Risks / Counselling:

Patient counselled and consent given.

Operator: SANDEEP PANSARE, FMF Id: 143681

Condition	Background risk	Adjusted risk
Trisomy 21	1: 898	1: 10874
Trisomy 18	1: 2211	1: 10052
Trisomy 13	1: 6932	1: 10055
Preeclampsia before 34 weeks		1: 169
Fetal growth restriction before 37 weeks		1: 72
Spontaneous delivery before 34 weeks		1: 191

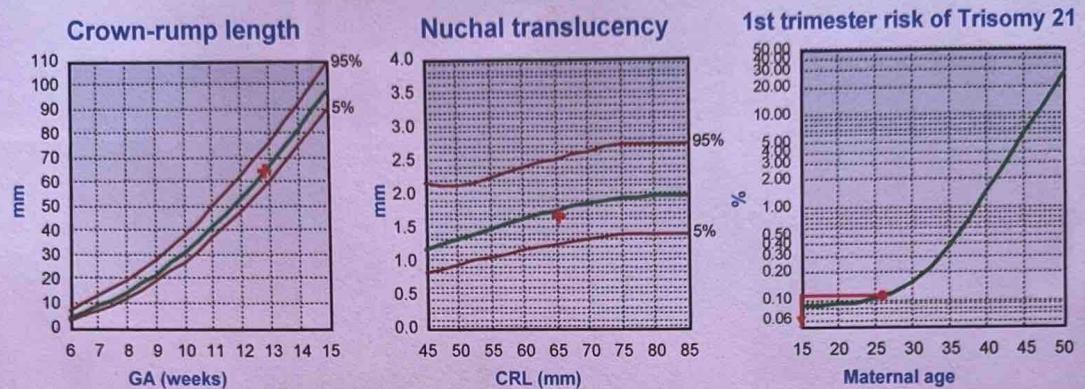
The background risk for aneuploidies is based on maternal age (26 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (fetal nuchal translucency thickness, nasal bone, fetal heart rate).

First Trimester Screening Report

Risks for preeclampsia and fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history and uterine artery Doppler. The adjusted risk for PE < 34 weeks or the adjusted risk for FGR < 37 weeks is in the top 10% of the population. The patient may benefit from the prophylactic use of aspirin.

All biophysical markers are corrected as necessary according to several maternal characteristics including racial origin, weight, height, smoking, method of conception and parity.

The estimated risk is calculated by the FMF-2012 software (version 2.81) and is based on findings from extensive research coordinated by the Fetal Medicine Foundation (UK Registered charity 1037116). The risk is only valid if the ultrasound scan was performed by a sonographer who has been accredited by the Fetal Medicine Foundation and has submitted results for regular audit (see www.fetalmedicine.com).



8

