Red Cross Hospital & Diagnostic Centre

Red Cross Campus, Shivaji Nagar, Bhopal - 462016 (M.P.) Phone : 4951300
E-mail : contact@mpredcross.org. Visit us : www.mpredcross.org

(27)

DEPARTMENT OF GYNECOLOGY AND OBSTETRICS

Consultant : Dr. PRERNA THAPA

Room No	:		
UHID No.	: 20393341	Patient Category	: Paid Patients
Patient Name	: EKTA PANDEY	Date	: 15-Mar-2023 10:36AM
Age/Gender	: 29Y /Female	Bill No.	: 394576
Address	:	Registered By	: asimk

Weight

Height

Nutritional status: Well Nourished(BMI18-25) ☐ Under Nourished(BMI<18) ☐ Over Weight(BMI>25)

Complaints :c

+VE History

Pt has H/o
Congenital Anomaly

Examination :

Temperature

Pulse

BP

R / R

Systemic Exam :

Prov. Diagnosis :

Investigation :

Blood

Urine

X-Ray

Others

Tab Vilapriat
1 x 10 day

Tab [illegible] x 10
1-0-1

Tab Enhonator x 10 days
(2 m)

LMP - 22/12

Ac
2nd th 23 r
P1 A [illegible]

Adv
USG
MT/NB
Scan to
Sr [illegible]
Congeni Anomaly

52/9

Doctor Signature

Note : OPD Consultation charges are valid for 07 days.

Dels
Double
markov

23/8/23

QURA DIAGNOSTICS
AND RESEARCH CENTRE

info@quradiagnostics.com
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0755-4927222, +91 7477228888

Plot No-4,
Chuna Bhatti Kolar Road,
Bhopal - 462016

Patient name	Mrs. EKTA PANDEY	**Age/Sex**	29 Years / Female
Patient ID	22005997	**Visit no**	2
Referred by	Dr. PRERNA THAPPA	**Visit date**	24/03/2023
LMP date	22/12/2022	**LMP EDD**	28/09/2023

OB - First Trimester Scan Report

Indication(s)
FOR NT/NB SCAN
G1- MULTIPLE CONG,NO CHROMOSOMAL TESTING DONE BEFORE

eal time B-mode ultrasonography of gravid uterus done.
Route: Transabdominal
Single intrauterine gestation

Maternal

Cervix measured 3.40 cm in length.

Right Uterine	1.4	(36%)
Left Uterine	1.6	(52%)
Mean PI	1.5	(44%)

Fetus

Survey

Placenta - Posterior
Liquor - Normal
Fetal activity present
Cardiac activity present
Fetal heart rate - 158 bpm

Biometry(Hadlock)

BPD 21 mm	HC 80 mm	AC 57 mm	FL 10 mm
13W	12W 6D	12W 6D	12W 5D
(45%ile)	(38%ile)	(42%ile)	(37%ile)
5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%

CRL - 69 mm(13W)
Cephalic index - 70 Dolicocephaly
BSOB ratio - 0.25 mm

Aneuploidy Markers

Nasal Bone : Unossified
Nuchal translucency : 1.3 mm Normal.
Ductus venosus : No "a" wave reversal.
Tricuspid regurgitation : No tricuspid regurgitation noted.

Fetal Anatomy

Midline falx seen.
Both lateral ventricles appeared normal.
Posterior fossa appeared normal.
No identifiable intracranial lesion seen.
Aqueduct of sylvius is visualised and appears normal.
AOS-to-occiput distance is 2.9mm and within normal limits.
Fetal neck appeared normal.

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Spine appeared normal. No evidence of significant open neural tube defect
Fetal face seen in the coronal and profile views.
Both orbits, nose and mouth appeared normal
Premaxillary triangle is visualised and appears normal.
Both lungs seen.
No evidence of pleural or pericardial effusion.
No evidence of SOL in the thorax.
Heart appears normal.
Outflow tracts appeared normal.
Abdominal situs appeared normal.
Stomach,small bowel are visualised and appears normal.
Both kidneys and bladder appeared normal.
All long bones appeared normal for the period of gestation
Fetal doppler

DuctusVenosus PI 0.54 (5%)

Impression

Intrauterine gestation corresponding to a gestational age of **13 Weeks 1 Day**
Gestational age assigned as per LMP
Placenta - Posterior
Liquor - Normal

We recommend:
1.Double marker combined screening in view of absent nasal bone SOS
2.If double marker is normal,then Amniocentesis with QFPCR and Early target scan at 17 weeks is recommended
3.Genetic counselling in view of BOH is advised ,post amniocentesis

DR. SOMYA DWIVEDI
MBBS,M.D. RADIODIAGNOSIS
Fellow in Fetal Imaging
I.O.T.A Certified for Women Imaging
FMF-UK Certified for NT scan ,Pre-Eclampsia screening,Fetal abnormalities & Fetal Echo
Advanced course I.S.U.O.G. for obstetric imaging
Reg. No.: MP-14794

First trimester screening for Downs
Maternal age risk 1 in 981

Fetus	Risk estimate - NT	Risk estimate - NT + NB	Markers name
A	1 in 5771	1 in 406	Nasal Bone Absent

Disclaimer

I DR SOMYA DWIVEDI,DECLARE THAT WHILE CONDUCTING USG ON MRS.EKTA PANDEY , I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER FETUS TO ANYONE IN ANY MANNER.This is not anomaly /Fetal Echo and is only a professional opinion and not final diagnosis.It should be clinically interpreted by clinician.The report is not valid for medicolegal purposes.In case of typing error inform signing authority.