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MAHAJAN

DIGITAL X-RAY & ULTRASOUND,
COLOUR DOPPLER,
AND 4D SONOGRAPHY CLINIC

PATIENT NAME : MRS MONALI MANDHARE

15-MAY-23

REF BY : DR BINDU MARAR MBBS. DGO.

NUCHAL TRANSLUCENCY SCAN

- Bladder well distended appears normal.
- Uterus is enlarge in size and shows intrauterine single gestational sac with normal decidual reaction.
- Single viable fetus and cardiac activity seen
- CRL measures 61 mm corresponds to gestational age of 12 wk 4 days
- BPD, AC, FL correspond to 12 wk 6 days
- Gestation age by LMP is 13 wk 0 days
- Placenta Right posterior extensive, cord insertion on placenta, cord three vessel
- Both renal artery seen
- Heart four chamber
- Stomach bobble seen
- Both lower and upper limb with both foot and hand seen finger and toe anomaly not possible to demonstrate
- Spine well visualized appears normal
- Anterior abdominal wall intact
- Nuchal translucence is 1.51 mm [41TH percentile]
- No evidence of tricuspid regurgitation seen
- Nasal bone seen
- Ductus venous flow is normal
- No evidence of retrochorionic collection seen.
- No evidence of collection seen in cul di sac
- Internal os closed, cx measure 3.1 cm.
- Approximate date of delivery is 19 NOV 2023

RT UT ART PI	LT UT ART PI	PERCENTILE	AVERAGE PI	RESULT
1.70	2.51	87	2.10	NORMAL

- I declare that while undergoing ultrasonography/image scanning on patient neither detected nor disclose the sex of foetus to anybody in any manner

Signed By
Dr. Sandeep Mahajan

First Trimester Screening Report

MRS MONALI MANDHARE

Date of birth : 13 December 1986, Examination date: 13 May 2023

Address: JYWANT NAGAR, NAGPUR
NAGPUR
INDIA

Mobile phone: 9527137118

Referring doctor: DR BINDU MARAR

Maternal / Pregnancy Characteristics:

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

Maternal weight: 61.0 kg; Height: 157.0 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: 11 February 2023

EDD by dates: 18 November 2023

First Trimester Ultrasound:

US machine: APLIO 500 TOSHIBA. Visualisation: good.

Gestational age: 12 weeks + 4 days from CRL

EDD by scan: 21 November 2023

Findings	Alive fetus	
Fetal heart activity	visualised	
Fetal heart rate	160 bpm	—●—
Crown-rump length (CRL)	61.0 mm	—●—
Nuchal translucency (NT)	1.5 mm	
Ductus Venosus PI	0.920	—●—
Placenta	Right Posterior	
Amniotic fluid	normal	
Cord	3 vessels	

Chromosomal markers:

Nasal bone: present; Tricuspid Doppler: normal.

Fetal anatomy:

Skull/brain: appears normal; Spine: appears normal; Heart: 4 CHAMBER; Abdominal wall: appears normal; Stomach: visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible.

Comments: 12 WKS 6 DAY NORMAL FETUS.

Uterine artery PI: 2.10

Endocervical length: 31.0 mm

Risks / Counselling:

Patient counselled and consent given.

Operator: sandip mahajan, FMF Id: 210083

Condition	Background risk	Adjusted risk
Trisomy 21	1: 198	1: 990
Trisomy 18	1: 477	1: 1445
Trisomy 13	1: 1498	<1: 20000

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Crown Rump Length and Nuchal Translucency

[Home](#) > [Calculators](#) > Crown Rump Length and Nuchal Translucency

For the crown rump length (CRL) of 61 mm the predicted gestational age is 12 weeks 4 days. The expected nuchal translucency (NT) is 1.63 mm (50th percentile)
Your measured NT value is 41 percentile for this CRL.

References:

LN (MA) = $1.684969 + (.315646 \text{ CRL}) - (.049306 \text{ CRL}^2) + (.004057 \text{ CRL}^3) - (.000120456 \text{ CRL}^4)$
Hadlock FP et. al., Fetal crown-rump length: reevaluation of relation to menstrual age (5-18 weeks) with high-resolution real-time US. Radiology. 1992 Feb;182(2):501-5. PMID: 1732970

NT(mm) = $0.437 + .01969 \cdot \text{CRL}$ SD = .558

Chung JH, et al., The distribution of fetal nuchal translucency thickness in normal Korean fetuses. J Korean Med Sci. 2004 Feb;19(1):32-6. PMID: 14966338

Enter the CRL and press calculate to obtain the estimated gestational age and expected nuchal translucency thickness. The calculator will also give the percentile for a measured NT if entered for CRL 40 to 85 mm.

Enter crown rump length (CRL) 61 mm

Enter Nuchal translucency (NT) 1.51 mm

All calculations must be confirmed before use. The suggested results are not a substitute for clinical judgment. Neither Perinatology.com nor any other party involved in the preparation or publication of this site shall be liable for any special, consequential or exemplary

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Gestational	Preeclampsia 1T
Hernia	Anemia
Doppler	Fetal Growth
Monochorionic Twins	References

Doppler

Umbilical artery

Middle cerebral artery

Cerebroplacental ratio

Uterine arteries

GA (weeks):

12

GA (days):

6

Pulsatility Index right
uterine artery:

1.70

Pulsatility index left uterine
artery:

2.51

Calculate

Average pulsatility index:

2.105

Percentile:

87

Result:

Normal

Ductus venosus

Aortic isthmus

TEI index

First Trimester Screening Report

The background risk for aneuploidies is based on maternal age (36 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, fetal heart rate).

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).

