



मेधा डायग्नोस्टिक्स

अल्ट्रासाउंड सोनोग्राफी • डिजिटल एक्स-रे सेंटर

नगर परिसर गार्डनच्या बाजूला, विस्तारानंद चौक जवळ,

नागपूर रोड, ब्रह्मपुरी, जि. चंद्रपूर

Mob. 9307867598, 9665424695 Email : jiteshsarkure@gmail.com

डॉ. जितेश के. शेर्करे

Dr. Jitesh K. Sarkure

MBBS-GMC, Nagpur.

MD - Radiology, IGGMC Nagpur.

DNB - Radiology, NBE, Delhi.

(Reg No. 2016/12/4963)

Name: Mrs. Parinda Kshitij Shende	Age: 26 Years	Sex: F
Ref: Dr. Manisha Banwade Mam		DL: 19 May 2023

REAL TIME ULTRASOUND - FIRST TRIMESTER (NT SCAN)

Parameters	Value	Parameters	Value
LMP	19/02/2023	EDD by LMP	26/11/2023
Menstrual Age	12 Weeks 5 days	EDD by present scan.	27/11/2023
Average GA by USG	12 Weeks 4 days	EDD by first dating scan	26/11/2023

Single live intrauterine fetus with normal cardiac activity and fetal movements.

CRL : 6.1 cms = 12 weeks 4 day

Normal cardiac activity seen. Fetal heart rate - 178 bpm.

Nuchal translucency measures 1.2 mm. (< 5 centiles - within normal limits)

Nasal bone is well visualized and appears ossified.

Intracranial translucency is well visualized.

Ductus venous show normal flow in atrial systole.

No e/o tricuspid regurgitation.

Liquor is adequate.

Placenta is differentiated developing anteriorly with grade 0 maturity. No e/o previa.

Internal os is closed. Cervix measures 4.3 cms.

Fetal stomach, spine, limbs, four chamber heart are well visualized and appears normal.



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अनर पब्लिशिंग मार्टिनच्या बागुला, मिहस्तानंद चौक मंडळ,
वागपूर रोड, ब्रह्मपुरी, गि: चंद्रपूर

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COLOUR DOPPLER-

	RI	PI	S/D	Percentile of PI
Right Uterine Artery	0.6	1.2	3	37 Centiles
Left uterine Artery	0.8	1.8	5	within normal limits

Right uterine artery and left uterine artery reveal normal colour flow, trace and velocities.


CONCLUSION:

- Single live intrauterine pregnancy corresponding with 12 weeks 4 day.
- The fetal growth is consistent with period of amenorrhea.
- Nuchal scan is within normal limits.

Suggest- Dual marker and combined risk assessment.
Anomaly scan between 19-20 weeks.

All fetal measurements including fetal weight are subject to known statistical variations. Not all anomalies can be detected on ultrasound due to varying fetal position, amounts of liquor, fetal movements and abdominal wall thickness.

DECLARATION OF DOCTOR - I, Dr Jitesh Sarkure declare that while conducting ultrasonography/image scanning, I have neither detected nor disclosed the sex of her foetus to anybody in any manner.


DR. JITESH K. SERKURE
MBBS, MD (Radiology)
DNB(Radiology)
Consultant radiologist.

DR. JITESH K. SERKURE
MBBS, MD, DNB
Radiology
Reg.No. 2016124963

Investigation have their own limitations. The science of radiological diagnosis is based on the interpretation of various shadows, produce by both the normal and abnormal tissues. This report represent some of the various possibilities. Please note that radiographic findings needs clinical correlation and other investigation for final diagnosis. Further evaluation and follow up is suggested for each and every imaging report. This document is not for medicolegal purposes.