



# Tesla Mihir Diagnostic Centre

Sonography | Color Doppler | Digital X-ray | 2-D Echo | 3D/4D Sonography | Fetal Echo

Name	Mrs ROHINI PANDURANG MORE	Age	27 Years
Patient ID	TMDC/124/2023-2024/155	Gender	FEMALE
Ref By	Dr. SHOBHA NALAWADE	Date	20/05/2023

## FIRST TRIMESTER EARLY OBSTETRIC SCREENING- (NT SCAN).

- Real time B mode ultrasonography of gravid uterus done. Route: Transabdominal (TAS).  
This is not anomaly scan.

LMP: 16/02/2023	GA BY LMP: 13 Wks 2 Days	EDD BY LMP: 23/11/2023
	GA BY USG:13 Wks 1 Days	EDD BY USG: 24/11/2023

- Single, live, fetus shows active fetal movements & regular cardiac activity.
- Liquor volume Normal, Largest pocket measures- 3.1 cm.
- Placenta is located at posterior wall. it is not low lying on present evaluation.
- Cervix appears adequate. Endocervical length: 38 mm. Internal os closed.

## FETAL GROWTH PARAMETERS:

PARAMETER	MEASUREMENT In cm	GESTATIONAL AGE		CHART
		WEEKS	DAYS	
Crown Lump Length (CRL)	68.8 mm	13	1	
Biparietal Diameter (BPD)	2.03 cm	13	2	
Head Circumference (HC)	8.00 cm	13	3	
Abdominal Circumference (AC)	5.85 cm	12	5	
Femoral length (FL)	0.82 cm	12	3	
Average Gest. Age: 13 Wks 1 Days		FHR: 153 and regular		
Estimated fetal weight (Headlock): 62 gms +/- 9 Gms				

📞 M.: 8055486333 / 9049747699

📍 Shop No. 4 & 5, Ingale Pride, Ingale Colony, NDA Road, Shivane, Pune 23.



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PARAMETER	RESULT	PARAMETER	RESULT
Skull bone ossification	Present	Situs	Normal
Midline falx	Present	Tricuspid regurgitation	Absent
Choroid plexus	Seen	Ductus venosus waveform	Normal
Intracranial translucency	Normal	Stomach bubble	Visible
Nuchal Translucency (NT)	1.20 mm, appear normal	Urinary bladder	Visible
Nasal bone	Seen and Occified	Both upper limbs	Visible
Premaxillary triangle	Seen	Both lower limbs	Visible
Spine	Looks normal		

## SCREENING OF UTERINE ARTERY DOPPLER-

PARAMETER	PI	%	ANALYSIS
Right Uterine Artery	1.5		
Left Uterine Artery	1.69		
Uterine Artery Mean	1.6	53	Normal

## IMPRESSION

- Single, live, intrauterine fetus of 13 weeks 1 days gestation size with variable presentation. Normal fetal appearance is noted.
- Nuchal translucency (NT) and Nasal bone appears normal.
- Screening uterine artery doppler evaluation appear to be within normal limit for current gestational age.

Adv- Follow up USG with anomaly scan at 19 to 20 wks, (Date- July 24-29).

Growth Scan - (5 Sept)



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**(Note: Fetal heart, kidneys and other structures cannot be well assessed at this stage of pregnancy. These regions can be assessed in the 20 to 24 weeks scan.**

#### Disclaimer for First trimester NT scan

Patient's identity is based on her own declaration.

This investigation has been done as per request of the referring doctor.

Diagnosis of Ultrasonography is based on various echoes and shadows produced by both normal & abnormal tissues. Variety of disease process may produce similar echopattern or shadows.

Science of ultrasound, Ultrasonography machine and probe, all have their own limitations. Even the most sophisticated ultrasound machine can make error in interpreting echoes and has limitations in diagnosing lesions. Disparity in final diagnosis can occur due to technical pitfalls like False Positive and False Negative results. Hence, only the report should not be taken as final diagnosis but should be correlated clinically with /or other investigations. In case of

disparity between report and clinical evaluation, second opinion is always advisable before commencing final treatment.

It must be noted that detailed fetal anatomy may not always be visible due to technical difficulties related to fetal position, amniotic fluid volume, fetal

movements and maternal abdominal wall thickness.

Not all fetal anomalies can be detected at every examination.

All measurement including fetal weight is subject to statistical variations. Different author growth chart of same parameter varies and should be considered during interpretation of reports.

This scan is a comprehensive obstetric sonography scan and is not intended to guarantee the absence of birth defects or congenital anomalies. Not all birth

defects are present during the pregnancy. If no abnormalities are found on scan, this is not a guarantee of a healthy child.

Objective for first trimester NT scan is to confirm the presence of a pregnancy, viability, numbers of embryos, dating, measurement of the NT and any other

markers necessary for Aneuploidy screening and finally to give the patient an Aneuploidy risk assessment.

Tricuspid regurgitation is seen in 65% of trisomy 21 fetuses, 30% of trisomy 18 fetuses & in Less than 5% of chromosomally normal fetuses. TR is trivial if not associated with cardiac defects & TR is severe if associated with cardiac defects.

Ductus venosus flow reversal is seen in chromosomal anomalies, cardiac defects, twin twin transfusion syndrome in monochorionic twins

Following is the list of Detection rate of Anomalies at 11-13 weeks scan<sup>1</sup>

Absent hand / foot	77%	Polydactyly	60%	Diaphragmatic hernia	50%
Lethal skeletal dysplasia	50%	Cleft palate	24%	Open spina bifida	14%
Ventriculomegaly	09 %				

Following is the list of Anomalies cannot be diagnosed at 11-13 weeks scan<sup>1</sup>

Neural tube, brain, face - Hemivertebra, Microcephaly, Craniosynostosis, Agenesis of corpus callosum, Semilobar Holoprosencephaly, Cerebellar Hypoplasia,

Vermian agenesis, Nasopharyngeal teratoma, Retrognathia

Lungs, Heart - Cystic adenomatoid malformation, Extralobar sequestration, Isolated VSD, Cardiac tumors

Abdominal, Renal - Duodenal atresia, Bowel obstruction, Renal agenesis - Bilateral , unilateral, Multicystic kidneys, Hydronephrosis, Duplex kidneys, Bladder

exstrophy,

Other - Arthrogryposis, Talipes, Ectrodactyly

Following are False positive structural anomaly findings in 11-13 weeks scan<sup>2</sup> - Echogenic choroid plexus, Omphalocele, Discrepancy in size of great vessels, Megacystis, Intra-abdominal cyst, Cleft Palate

#### References

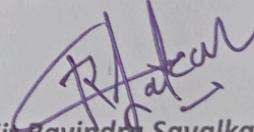
1. First trimester ultrasound diagnosis of fetal abnormalities 1<sup>st</sup> edition, Alfred abuhamad, rabih chaoui.

2. Effectiveness of 12 - 13-week scan for early diagnosis of fetal congenital anomalies in the cell-free DNA era Ultrasound Obstet Gynecol 2018; 51: 463 -

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**Declaration: I Dr. Abhijit Ravindra Savalkar declare that while conducting ultrasonography this woman, I have neither detected nor disclosed the sex of the fetus to anybody in any manner.**

  
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