



- **Color Doppler findings 14 week 2 days pregnancy:**
- **Uterine artery shows normal PI and RI value index and Bilateral notching seen in B/L uterine artery.**
- **RI VALUE -0.66 / PI- 1.56 in right uterine artery.**
- **RI VALUE 0.68 / PI-1.35 in left uterine artery.**
- **Ductus venosus – Normal flow.**
- **Tricuspid regurgitation- Absent.**
- **Cervical length 3.8cm (Normal).**
- **No evidence of any soft marker of Aneuploidy or no any markers for Down syndrome in present scan.**

IMPRESSION: - Real time USG study reveals:

- **A single live intrauterine foetus with variable presentation corresponding to mean gestational age of 14 wks 2 days +/-2 week.**
- **NT & NB appears normal, NT measures 0.13cm.**

Advice: Double marker/pathological correlation.

Follow-up scan at 18-22 week for Target scan.

Note: this is a routine obstetrical ultrasound, mainly done for estimation of gestational age, amount of liquor, placental position and general well being of the fetus & not for evaluation of congenital anomalies. moreover, the anomalies in relation to fetal heart and limbs are extremely difficult to be noticed due to constantly changing position of the fetus and overlapping of its various parts

DECLARATION OF DOCTOR/CONDUCTING ULTRASONOGRAPHY

DR ISHANT JATAV declare that while conducting ultrasonography of **MRS. AAYASHA KHAN** (Name of pregnant women). I have neither detect or disclosed the sex of her foetus to any body in any manner. For any fetal cardiac abnormality fetal echocardiography is advised.

DR ISHANT JATAV(MD)
CONSULTANT RADIOLOGIST



PT. NAME:	MRS BEENA KUMARI	AGE/SEX:	30YEARS /FEMALE
REF. BY:	DR VINITA PATHAK	DATE:	23/06/2023

USG EARLY ANOMALY NT/ NB SCAN

Gestational Parameters

BPD -	24.6mm	14wks 1 day
HC -	88.2 mm	14wks 0 day
AC -	71.6mm	13wks 5 day
FL -	10mm	13 wks 1 day

- **MGA BY USG - 14 WEEKS 2 DAY +/- 1 WEEK.**
- **MGA BY LMP - 14 WEEKS 2 DAY +/- 1 WEEK.**
- **FHR - 169 BPM.**
- **EFW - 76.50gms +/- 11.47gm**
- **LMP - 15/03/2023**
- **EDD BY USG - 20/12/2023**
- **EDD BY LMP - 20/12/2023**
- **PLACENTA FORMING- Anterior Grade 0 maturity.(Away from internal os)**
 - Internal os closed.
 - Cervical length -3.8cm is well maintained.
 - No evidence of any concealed hemorrhage
 - Fetal head and spine – appear normal.
 - Stomach, urinary bladder & umbilical vein: appears normally.
- **Ductus venosus – Normal flow.**
- **Tricuspid regurgitation- Absent.**

PTO./CONTINUE NEXT PAGE...

CT-SCAN | 3D & 4D ULTRASOUND | COLOUR DOPPLER | ECHOCARDIOGRAPHY | DIGITAL X-RAY | HI-TECH PATHOLOGY | DIGITAL O.P.G. | TMT.

This Report is an opinion not the final diagnosis. It should be correlated clinically with history and examination of the patient. In case of any discrepancy & Typing mistake review can be asked within 3 days. Not valid for medicolegal purpose. Pre-Natal Sex Determination is not done here. It is a punishable act.

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TEST REQUISITION FORM (TRF)

Excellence in Health Care

Patient Details (PLEASE FILL IN CAPITAL LETTERS ONLY): Name : <u>Mrs. Beeny</u> Age : <u>30</u> Yrs : <u> </u> Months — Days Sex : Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Date of Birth : <u> </u> / <u> </u> / <u> </u> Ph : <u> </u>		Client Details : <u>SPLBP115</u> SPP Code <u> </u> Customer Name <u>Diagnostica span</u> Customer Contact No <u> </u> Ref Doctor Name <u>8770099354</u> Ref Doctor Contact No <u> </u>	
Specimen Details: Sample Collection date : <u> </u> / <u> </u> / <u> </u> Specimen Temperature : Sent <input type="checkbox"/> Frozen (<20°C) <input type="checkbox"/> Refrigerator (2-8°C) <input type="checkbox"/> Ambient(18-22°C) <input type="checkbox"/> Sample Collection Time : AM / PM Received <input type="checkbox"/> Frozen (<20°C) <input type="checkbox"/> Refrigerator(2-8°C) <input type="checkbox"/> Ambient (18-22°C) <input type="checkbox"/>		Test Name / Test Code Sample Type SPL Barcode No <u>Trophe Marker</u> <u>Serum</u> <u>24392103</u>	
<p>Height - 5.3 cm Weight - 69 kg. Dob: - 17/11/1992</p>			

Clinical History:

NAME: **DATE:** **ATTACH DULUX FILLED RENASCHEEVE FORMS VI** **MATERNAL SCREENING FORM FOR DUAL TRIPLE & QUAD MARKERS** **HIV CONSENT FORM** **HIV FORM** **HHA** **TYING FORM ALONG WITH TRE**

No. of Samples Received:
Received by: