

Name of Patient: - Mrs. Vaishnavi Rokade.
Reference : - Dr. Shashikala Ranna.
Thanks for reference.

USG: PELVIS (NT SCAN)

A single intrauterine gestational sac is seen with a single embryo in variable presentation.
Fetal cardiac activity and movements are seen. FHR: - 162 bpm.
Liquor appears adequate. Internal os is closed.
Placenta is fundal developing.
No parametrial mass noted.
Cervical length is adequate.
Both ovaries are normal.

Maternal Screening Doppler Values -Uterine artery PI-

ARTERIES	PI (Pulsatility index)	Percentile
Right uterine artery	1.82	30%
Left uterine artery	0.96	
		Normal

GROWTH PARAMETERS:

LMP: -16/03/2023 GA by LMP: -13 wks 05 days EDD by LMP: -21/12/2023

CRL: - 6.9 cm 13 wks 01 days \pm 1 wks 1 days Approx EDD by USG: 25/12/2023

Nasal bone visualized. Ductus venosus flow is normal.

Nuchal translucency measures 1.6 mm (normal is < 3mm)

Fetal anatomy: Skull/brain appears normal, heart not examined, spine appears normal, abdomen appears normal, stomach visible, bladder visible, hands both visible, feet both visible. Amniotic fluid: Normal

IMPRESSION: -

- A single live intrauterine pregnancy of age around 13 wks 01 days \pm 1 wks 1 day.
- Nuchal translucency measures 1.6 mm.

Suggest: Double Marker blood test, Follow-up scan at 18 - 20 wks for anomaly suggested.

I, declare that while performing ultrasonography /imaging scanning on patient, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

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Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

Sonography
सोनोग्राफी

2D Echo
२ डी इको

Colour Doppler
कलर डॉप्लर

3D / 4D Sonography
३ डी / ४ डी सोनोग्राफी

Digital X-Ray
डिजिटल एक्स-रे

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