॥ Om Namah Shivay ॥

HORIZON IMAGING

Dr. Priti Dhakate
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ess. First Floor, Swapnashilp Height-I, Shop No. F-5, Opp. Tajshree Honda Showroom, Beltarodi Road, Besa, Dist. Nagpur.

dvanced General Adult / Pediatric Sonography • Fetal Medicine Centre • Colour Doppler
-D Sonography • TVS • Sono Mamography • USG guided Non Obstetric Interventions

NAME: MRS RADHIKA NISHAD /OPD **Date : 18/05/2023**
SEX : 27 Yrs/ F .
REF.BY : DR. MRS.GINDHEWAR MADAM

CLINICAL PROFILE: irregular periods, previously done USG on 14/04/23 – states early intrauterine GS at 7 w 3 d maturity with suspicious ? dual GS ? subchorionic collection for confirmation & follow up for bleeding p/v. No interval scan done thereafter.

ULTRASOUND : NT & LEVEL -I STUDY SONOGRAPHY REPORT

LMP : 19/02/2023 Gestational age by LMP is 12 weeks 4 days. EDD : 26/11/2023

Diamniotic Dichorionic twin live pregnancy seen.

BIOMETRY :

Fetal-A (upper & maternal right)- small sac size with restricted fetal movements
CRL is 4.1 mm.
Fetal-A Gestational age of the fetus is about 11 weeks
Fetal-A FHR is 162 bpm.
Placenta is smaller & anterior in location.
Lamba sign well appreciated. Separating membrane measures 2.1 mm

Fetal-B (lower & maternal left) normal sized sac and fetal movements.
CRL is 5.9 mm.
Fetal-B Gestational age of the foetus is about 12 weeks 3 days
Fetal-B FHR is 157 bpm.
with average EDOD around 27/11/2023
Placenta is anterior in location.

PARAMETERS	FETUS-A	FETUS-B
NT(mm)	1.4 mm	1.8 mm (46 percentile)
NBL(mm)	1.4 mm	1.6 mm
BPD(mm)	13 mm	16 mm
DV	normal	normal
TR	ABSENT	ABSENT

Fetal head, spine, limb buds well seen at the time of examination.
Cervical length measures 4.8 cm. No evidence of cervical shortening is seen . Internal os is closed.

COLOR DOPPLER STUDY : Uterine artery flow on both sides show normal low resistance waveform.
Right uterine shows PI of 1.6 Left uterine shows PI of 1.2
Mean UA PI measures 1.4 (24 Percentile-appropriate for gestational age)

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OPINION:

ONGOING DIAMNIOTIC, DICHORIONIC TWIN LIVE INTRAUTERINE PREGNANCY,
Foetus -A of 11 weeks maturity with small sized sac, restricted fetal movements, not corresponding to expected maturity, needs close follow up in 2-3 weeks to evaluate for ? vanishing twin.
& Foetus- B of 12 weeks 3 days maturity with Trisomy risk from history, NT & FHR

Trisomy 21: 1 in 5000
Trisomy 18: 1 in 5000
Trisomy 13: 1 in 10000

BILATERAL UTERINE ARTERIES SHOWING NORMAL FLOW.

N.B.: Not all congenital anomalies are detected in present fetal position and in single USG as they are evolving with progress of pregnancy . SOS Review Level II scan 18-22weeks for detail anomaly scan.
Very small septal defects VSD/ foot/hand -fingers/facial morphology requires SOS 4 D Scan for confirmation.
I, undersigned declare that while conducting sonography I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

End of report.

Dr. Priti Dhakate
MBBS, MD, BCFRG, ACFRG.