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ADISHAKTI IMAGING CENTRE

आदिशक्ति इमेजिंग सेंटर



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NAGPUR FETAL MEDICINE CENTRE

नागपुर फिटल मेडीसीन सेंटर

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Fellowship in Fetal Medicine, Barcelona (Spain)
Consultant Fetal Medicine
Consultant Radiologist and Sonologist
Fetal Medicine Foundation (U.K.) Certified
Certified Fetal Echocardiologist
MMC Reg. No. 083537
FMF ID No. 61485

Patient name	Mrs. DEEPTI AMOL MOHADIKAR	Age/Sex	24 Years / Female
Patient ID	E31922-23-10-13-5	Visit No	1
Referred by	Dr. ANITA R. DARDA MBBS, DGO.	Visit Date	13/10/2023
LMP Date	14/07/2023 LMP EDD: 19/04/2024		

USG OBS - FIRST TRIMISTER ANOMALY & NUCHAL SCAN

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

LMP GA : 13 Wks 0 Day USG GA : 13 Wks 3 Day

Maternal

Cervix measured 3.90 cms in length.

Internal os is closed.

Both uterine artery screening done, shows normal spectral pattern.

Mean uterine artery PI is normal.

Right uterine PI : 1.6

Left uterine PI : 1.52

Mean PI : 1.56

Fetus

Survey

placenta is developing posteroinferoanteriorly, completely covering the internal os.

Liquor - Normal

Umbilical cord - Two arteries and one vein

Fetal activity present

Cardiac activity present

Fetal heart rate - 164 bpm

Biometry(Hadlock)

BPD 21.8 mm 13W 3D	HC 86.1 mm 13W 6D	AC 71.5 mm 13W 5D	FL 11 mm 13W 2D
5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%

CRL - 66.4 mm(12W 6D)

IT - 2.5 mm

BSOB ratio - 0.39 mm

Aneuploidy Markers

Nasal Bone : 2.96 mm - Present

Nuchal translucency : 1.2 mm Normal

Ductus venosus - Normal spectral pattern

For Appointment Phone : 0712-2720340, 9923133456, 9823360340

PNDT Reg. No 161
c Reg. No. HD/2269

10.00 am
to
10.00 pm

Sunday
Closed

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Quality Medical Imaging
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Fetal Anatomy

Spine Normal. Skull and Brain appear Normal. Nasal Bone well seen. Nasal Triangle well formed. No maxillary gap. Maxilla normal length. FMF angle normal. Mandibular gap sign seen. Stomach seen. Both kidneys appear bulky & slightly echogenic. Rt Kid 10.3 x 6.5 mm. Lt Kid 10.3 x 7.2 mm. Bladder visualised. No obvious congenital anomalies seen for present date of gestation. No major marker of aneuploidy viz. Holoprosencephaly, Atrioventricular septal defect, Exomphalos, megacystis noted.

Fetal doppler

Ductus Venosus PI : 1

Impression

A single live early intrauterine gestation of average maturity 13 wks 3 days. Placenta is presently developing in lower part & presently complete praevia (posteroinferoanteriorly). No obvious congenital anomaly seen for date. Nuchal translucency appear normal (<5 th percentile for CRL as per FMF calculator). No TR, No Flow reversal in ductus venosus. Normal nasal bone seen. Both kidneys are slightly bulky & echogenic.

Risk for developing FGR before 37 weeks : 1.4 % (1 in 73)
Preeclampsia risk from only history < 37 weeks : 1 in 76
Preeclampsia risk from history plus MAP, UTPI < 37 weeks : 1 in 147
Patient is at high risk for developing preeclampsia & FGR before 37 weeks.

Suggested :

- 1) Double marker test for aneuploidy risk calculation.
- 2) Early Anomaly scan study at 16 weeks

(I, DR. JITENDRA SAHU DECLARE THAT WHILE CONDUCTING ULTRASONOGRAPHY OF THIS PATIENT I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF THE FETUS TO ANYBODY IN ANY MANNER)

Note - Not All Fetal Anomalies can be detected on an Ultrasound Scan

DR. JITENDRA SAHU
RADIOLOGIST & FETAL MEDICINE CONSULTANT

Disclaimer

Disclaimer for First trimester NT scan

Patient's identity is based on her own declaration.

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