



• Ultrasonography • Colour Doppler • Obstetric Scan • 3D/4D Scan

| | |
|------------------------------------|------------------|
| Name: Mrs.Damini Dinesh Khandare | Date :15/11/2023 |
| Ref. by. Dr. Suhasini Bhande Madam | Age & Sex: 22Y/F |

FIRST TRIMESTER ULTRASOUND (NT SCAN)

IMP: 30/07/2023

Menstrual age: 15wks 3days

EDD: 5/5/2024

Patient is counselled and informed about importance and limitations of this scan.

Poor sound penetration due to maternal body habitus.

LITERIUS- Gravid and bulky.

- There is evidence of single regular intrauterine gestational sac with single embryo.
- Embryonic maturity-
Crown-rump length (CRL)- **73.3mm** corresponds to **13 weeks 3 days. EDD: 19/5/2024**
- Embryonic cardiac activity present and regular, measures **167 beats/min**
- Nuchal translucency measures **1.3mm**.
- Nasal bone seen.
- Ductus venosus show normal flow. No reversal of 'a' wave.
- No evidence of tricuspid regurgitation.
- Bony calvarium appears intact. Midline falx seen.
- Intracranial translucency (IT) appears normal.
- Fetal heart: Normal in axis and position.
- Fetal stomach seen on left side. Anterior abdominal wall appears intact
- No evidence of megacystis.
- All four limbs seen.
- Placenta is posterior.
- Cervix measures **44mm**. Internal os closed.
- No evidence of subchorionic collection.
- Right uterine artery PI: 2.31
- Mean uterine artery PI: 2.36 (More than 95th percentile)
- Left uterine artery PI: 2.41



Rathi Sonography & Doppler Centre

Dr. Nikita C. Rathi (Kabra)
MBBS (GMC, Nagpur)
MD Radiodiagnosis (GMC, Aurangabad)

• Ultrasonography • Colour Doppler • Obstetric Scan • 3D/4D Scan

IMPRESSION:

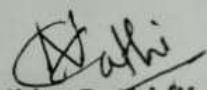
- Single live intrauterine pregnancy of gestation corresponding to 13 weeks 3 days (assigned as per CRL)
- EDD (as per CRL): 26/3/2024
- Mean uterine artery PI more than 95th percentile.

RISK ESTIMATE FOR TRISOMIES (Age, NT and FHR) :

| | |
|------------|------------|
| Trisomy 21 | 1 in 2500 |
| Trisomy 18 | 1 in 10000 |
| Trisomy 13 | 1 in 10000 |

Suggest double markers for first trimester combined screening of aneuploidies.

Suggest TIFFA (anomaly) scan at 20-22 weeks. Thanks for referral,
Declaration- I, Dr Nikita Rathi (Kabra), has neither detected nor revealed sex of fetus during sonography examination of the patient.


Dr. Nikita Rathi (Kabra)
Reg No. 2015/06/3873
(FMF certified, FMF ID: 204605)