

॥ श्री गजानन नमः ॥ NMC Reg. No. 436

ASHA GENERAL HOSPITAL

Shirdi Nagar, Manewada Road, Nagpur-24. Ph. (H) 2740149

11/12/23

DR.Ms. Nikita Sheve
4ml

30gr

LMP - 21/9/23

wt 2.71 kg.

GA - 13 weeks

USG (Ob) → X-ray.

Abnormal Granita

Address: Rajni Apt 101, Aadhyam Ngen
Dighri Nagpur.

Phone No -

8793235025.

Adhar Card Number. : →

4573436081431

— 2 —

Dr. Praveen Vairagade
MBBS, MS (Surgery)
Reg. No. 073392

Dr. Shubhangi Vairagade
MBBS, MS (DGO)
Reg. No. 082082

Patient Name	:	Dr. NIKITA SAGAR BHURE	Age/Sex	:	30 Years/ Female
Ref. By	:	Dr. SHUBHANGI VAIRAGADE	Date	:	01-Dec-23

USG OBSTETRICS (NT NB SCAN)

Survey:

- Single live intrauterine fetus with gestational parameters corresponding to an average gestational age of 12 weeks 6 days noted.
- Placenta is anterior in location. Not low lying.
- Liquor is adequate.
- Internal OS is closed. Cervical length is approximately 3.4 cm.
- CRL measures 6.4cm. BPD measures 2.1cm.

LMP	LMP: 02-Sep-23
GESTATIONAL AGE BY LMP	12 weeks 6 days
GESTATIONAL AGE BY USG	12 Weeks, 6 days
EDD BY LMP	EDD: 08-Jun-24
EDD BY USG	EDD: 08-Jun-24
FHR	162 BPM

- Nuchal translucency 0.9 mm.
- Nasal bone is ossified and measures 2.4 mm.
- Intracranial translucency is normal.
- Ductus venosus waveform is normal. PI measures 1.1 .
- No e/o tricuspid regurgitation.
- Fronto-parieto-occipital ossification noted. No evidence of Ventriculomegaly.No frontal bossing. Frontomaxillary triangle and mandible appears normal.Both intraocular lens visualised.
- 4 chamber heart appears grossly normal.Situs solitus maintained. Fetal stomach bubble and urinary bladder visualized.
- Fetal extremities (3 segments and movement)appears normal. Anterior abdominal wall and fetal spine appears normal. Three vessel cord noted.
- Bilateral uterine arteries show normal waveform with mean uterine artery PI of 1.8

	Risk From History Only	Risk From History Plus NT, FHR
Trisomy 21:	1 in 556	1 in 3333
Trisomy 18:	1 in 1429	1 in 10000

Dr. Mayur Mahadule
MBBS, MD, DNB (Radiodiagnosis)
(B.J.M.C. & Sion Hospital Pune)
Consultant Radiologist
M : 8788092978

Dr. Amol Gawhale
MBBS, MD, DNB (Radiodiagnosis)
(Seth GSRTC & KEM Hospital Mumbai)
FRCR (London), EDIR, Diplomate of JCRI
Consultant Radiologist
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Dr. Amita Dhawas (Thakare)
MD Radio-diagnosis
MGIMS Sevagram
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• 3D/4D/5D Sonography • Colour Doppler • Digital X-Ray • Image Guided Interventions

CT SCAN FACILITY :

GROUND FLOOR, VIGHNESH SQUARE, OPP. DINANATH HIGH SCHOOL, DHANTOLI, NAGPUR - 440012

Trisomy 13: 1 in 5000

1 in 10000

Biophysical measurements

Mean arterial pressure 104 mmHg (1.194 MoM)

Uterine artery PI 1.8 (1.115 MoM)

Measurement date 01-12-2023

Preeclampsia risk from history only

< 37 weeks: 1 in 71

Preeclampsia risk from history plus MAP, UTPI

< 37 weeks: 1 in 25

Recommendation

The risk of preeclampsia was assessed by a combination of maternal characteristics and medical history with measurements of blood pressure and blood flow to the uterus.

On the basis of this assessment the patient has been classified as being at increased risk for developing PE before 37 weeks. The ASPRE trial has shown that in such women use of low dose aspirin (150mg/night) from now until 36 weeks reduces the incidence of PE before 32 weeks by about 90% and PE before 37 weeks by 60%.

IMPRESSION:

- ❖ Single live intrauterine fetus with gestational parameters corresponding to an average gestational age of 12 weeks 6 days.
- ❖ Normal NT and NB values.

Suggest follow up at 20- 22 weeks for anomaly scan.

Dr. AMITA DHAWAS, declare that while conducting ultrasonography on **Dr. NIKITA SAGAR BHURE**, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

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