

PRENATAL SCREENING REQUEST FORM

REPORT

First Trimester (Dual Marker 9.0-13.6 wks) Triple and Quad Marker (14.0-22.6 wks)

Patient Name : ശ്രീ. അമിനി സാമുവൽ Sample collection date : 07/12/23

Vial ID : 24463611

Date of Birth (Day/Month/Year) : 26/02/97

Weight (Kg) : 52.4 kg

L.M.P. (Day/Month/Year) : 06/09/23

Gestational age by ultrasound (Weeks/days) : 12/7 Date of Ultrasound : 06/12/23

Nuchal Translucency(NT) (in mm) : unmeasurable CRL (in mm) : 5.83 BPD :

Nasal bone (Present/Absent) 2.8 mm

Ultrasound report : First trimester ☒ Second trimester ☐

Sonographer Name : ടി. ഫാലിന

Diabetic status : Yes ☐ No ☒

Smoking : Yes ☐ No ☒

No. of Fetuses : Single ☒ Twins ☐

Race : Asian ☐ African ☐ Caucasian ☐ Others ☐

IVF : Yes ☐ No ☒ If Yes, Own Eggs ☒ Donor Eggs ☐

If Donor Eggs, Egg Donor birth date : / /

Previous pregnancies :

With Down Syndrome : Yes ☐ No ☒

With Neural tube Anomaly : Yes ☐ No ☒

Any other Chromosome anomaly : Yes ☐ No ☒

Signature : [Signature]

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पडघान
डायग्नोस्टिक सेंटर

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(कावळे)
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NAME : MRS. ASHWINI NAKUL SHINGANE AGE/SEX : 28 YEARS/F
REF BY : DR. VIDYUSHA POHARKAR DATE : 06 Dec 2023

EARLY OBSTETRIC ULTRASOUND (NT SCAN)

LMP: 06 Sep 2023 GA by LMP: 13 W 0 D EDD by LMP: 12 Jun 2024

- Single intrauterine gestational sac is noted with a single embryo within.
- Crown rump length (CRL) is 5.83cm with 12 w 2 d of gestational age.
- Cardiac activity is well visualized on the real time study. FHR = 157 bpm (Regular).
- EDD according to this ultrasound examination: 17 Jun 2024
- Placenta is forming at anterior wall.
- The internal os is closed. Cervical length is 4.1 cm.
- There is no evidence of adnexal mass or free fluid in pouch of Douglas.
- Nuchal translucency measures 1.1 mm (within normal limits for GA).
- Nasal bone well seen (2.8 mm).
- Ductus venosus show normal waveform. No evidence of tricuspid regurgitation.
- Mean PI of bilateral uterine arteries is 1.75 (Risk of PIH / Pre-eclampsia).
- 4 Limbs, stomach and urinary bladder seen.

IMPRESSION :

- Single live intrauterine pregnancy of 12 w 2 d.
- NT Screening is unremarkable.
- Mean PI of bilateral uterine arteries is elevated, s/o risk of PIH.

Suggest correlation with double markers for better risk assessment.
Follow up USG at 20-22 weeks for anomaly scan.

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.

I Dr. AMIT PADGHAN declare that while performing sonography on MRS. ASHWINI NAKUL SHINGANE I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

Dr. Amit Padgh
MBBS, DMRE (Mumt
Consultant Radiolo

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