



SHRIRAM DIAGNOSTIC CENTER

SONOGRAPHY, DIGITAL X RAY & CT SCAN

Dr. Ankush N. Balki
MBBS, DMRE (Radiology)
Life member IRIA, SFM member
Reg. No. 2010/03/0772



ScholarMD
Specially trained
in fetal medicine

Patient name	Mrs. POOJA JAYANT JEURKAR	Age/Sex	29 Years / Female
Patient ID	41331020231213	Visit no	1
Referred by	Dr. NILESHA BALKI	Visit date	13/12/2023
LMP date	15/09/2023, LMP EDD: 21/06/2024[12W 5D] C-EDD: 20/06/2024[12W 6D]		

OB - First Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Maternal

Cervix measured 3.64 cm in length.

Right Uterine	2.1	—●— (78%)
Left Uterine	1.31	—●— (26%)
Mean PI	1.705	—●— (56%)

Fetus

Survey

Placenta	: Forming posteriorly
Liquor	: Adequate
Umbilical cord	: Two arteries and one vein.
Fetal activity	: Fetal activity present
Cardiac activity	: Cardiac activity present
	Fetal heart rate - 176 bpm

Biometry(Hadlock, Unit: mm)

CRL	65.66, 12W 6D	—●— (50%)
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Aneuploidy Markers (mm)

Nasal Bone	Present
NT	1.14 —●— (4%) Normal
Ductus Venosus	Normal flow

Impression

Intrauterine live gestation corresponding to a gestational age of 12 Weeks 6 Days

Gestational age assigned as per biometry (CRL)

Menstrual age 12 Weeks 5 Days

Corrected EDD 20-06-2024

Liquor - Adequate



Shot on realme 8 Pro 108MP

2023 12 13 14:06

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First trimester screening for Downs
Maternal age risk 1 in 926

Fetus	Risk estimate - NT	Risk estimate - NT + NB
A	1 in 5447	1 in 18157

Dr. ANKUSH N. BALKI
M.B.B.S., DMRE (Radiology)
Reg. No. 2010/03/0772
Shriram Diagnostic Center, Wani

Dr. ANKUSH NARAYAN BALKI
CONSULTANT RADIOLOGIST

Disclaimer

I Dr. Ankush Narayan Balki declare that while conducting ultrasonography/ image scanning on Mrs. Pooja Jayant Jeurkar I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

Thanks for Referral

- Evolving anomalies are seen at later stages of gestation and are not seen in earlier scans.
 - Anomalies of small parts like ears, fingers and toes can not be detected routinely because of unfavorable position to visualised it.
 - Normal looking fetal stomach bubble does not rule out esophageal atresia/Tracheo esophageal fistula.
 - Minor cardiac defects like small VSDs, mild stenotic lesions, coronary artery anomalies and anomalies that evolve towards later gestation like aortic arch anomalies and those of pulmonary venous drainage may not be always identifiable antenatally.
 - Anomalies resulting from one closure of physiological shunts like ASD and PDA will be evident only after birth.
 - Congenital skin disorders can not be detected prenatally.
 - Congenital metabolic disorders, enzyme deficiencies can not be detected on USG.
 - Abnormalities in the external genital organs can not be seen and documented for legal reasons.
 - Congenital dislocations of joints can be suspected only when extremities are seen in abnormal position while scanning.
- Expected baby weight given on USG can have 10-15 percent variation on either side

Date of Birth = 03/06/1994
height = 5.2
Weight = 45