



PATIENT'S NAME:- PRANALI SADANBABU RENUKUNTA	AGE/SEX:- 27 YRS / F
REF. BY:- DR INDU AGRAWAL MAM MD DGO	DATE:-03.01.2024

### SONOGRAPHY OF GRAVID UTERUS (Detailed Nuchal Scan) report

Sonography with Sector 1-6 MHz & high frequency 6-15 MHz Transducer in various Planes on Most Advanced **VOLUSON EXPERT 6** Whole Body Color Doppler Machine

A single live fetus is seen with normal fetal movements and with normal cardiac pulsations

		percentile
Biparietal diameter	21mm	49%
Head circumference	74mm	22%
Femoral length	8mm	27%
Abdo. Circumference	58mm	46%
Crown Rump Length	68mm	49%

### FETAL ANATOMY

#### HEAD AND SPINE

Fetal head showed midline falx & normal choroid plexus.  
Normal ossification of skull bone.  
Fetal spine is normal.

#### FACE

Premaxillary triangle seen. maxillary and mandibular echoes are normal.  
Orbits with lenses visualized.

#### FETAL HEART AND THORAX

Inflow and outflow tract of fetal heart appeared normal .  
No e/o SOL in thorax.

#### FETAL ABDOMEN

Cord seen with normal insertion on Gestational abdomen.  
No e/o omphalocele.  
Fetal bladder is distended. Both umbilical arteries noted.

#### FETAL EXTREMITIES.

All the three segments of both upper limbs & both lower limbs seen.

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We Care

**Chini Scan Center**

RADIOLOGY & PATHOLOGY CENTER  
PCPNDT Reg. No. 74/2012

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Consultant Pathologist

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DATE:-03.01.2024

**Risk for preeclampsia**

Report date 03-01-2024

Examination date 03-01-2024

Gestational age 13<sup>+0</sup> weeks

C3DFE9F2458D2E

**Maternal characteristics**

Age in years 27.1

Height in cm 183

Weight in kg 60

Racial origin South Asian

Smoking during pregnancy No

Family history of preeclampsia No

Method of conception Spontaneous

Singleton or twins Singleton

**Medical history**

Chronic hypertension No

Diabetes type I No

Diabetes type II No

Systemic lupus erytheromatosus No

Anti-phospholipid syndrome No

**Obstetric history**

Parity Parous

Preeclampsia No

Date of delivery 16-01-2020

Gestational age at delivery 38<sup>+0</sup> weeks

Inter-pregnancy interval 3.7 years

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**CONCLUSION:**

LMP is - 04/10/2023	GA by LMP 13 wks/ 00 day	EDD by LMP is 10/07/2024
	GA by USG 13 wks/ 01 day	EDD by this USG is 09/07/2024

**FMF certification ( fetal medicine foundation London -UK ) ID No- 159076**

- A single live fetus in variable presentation corresponding to period of amenorrhea ASSIGNED EDD as per CRL of this scan is - 09/07/2024
- (Fetal heart rate is 152 beats/minute). No evidence of Tricuspid Regurgitation.
- Internal OS is closed. Cervical canal length is 4 cm.
- AFI= well within normal limits
- Forming face, orbits, midline falx are within normal limits. NASAL BONE is 2.9mm at 34<sup>TH</sup> percentile normal for date.
- Nuchal translucency is at the most 1.4mm- well within normal limits (technique documented on images as per (FMF) fetal medicine foundation -UK and Barcelona)
- Expected approx. fetal weight is 63 grams . +/- 6 gm is at 14<sup>TH</sup> percentile .
- Chorion frondosum is fundal POSTERIOR , lower end just touching internal OS. Placental thickness:-1.8 cm
- Normal Triphasic Ductus Flow In The Forward Direction Towards Heart..
- **EARLY PRE-ECLAMPSIA SCREENING** ---Right Uterine PI =2.7 Left uterine PI =1.1 Mean PI = 1.9 at 77<sup>th</sup> percentile (fetal medicine Barcelona)..
- To be Followed up with TIFFA /anomaly scan at 19-20<sup>th</sup> week

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THANKS FOR REFERENCE MADAM

We do not communicate to the pregnant woman concerned / her relatives or any other person, the sex of the fetus by words, signs or in any other manner. SP

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### Biophysical measurements

Mean arterial pressure 75 mmHg (0.911 MoM)

Uterine artery PI 1.9 (1.18 MoM)

Measurement date 03-01-2024

### Preeclampsia risk from history only

< 37 weeks: 1 in 1111

### Preeclampsia risk from history plus MAP, UTPI

< 37 weeks: 1 in 3333

### 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 LOW RISK FOR DEVELOPING PE BEFORE 37 WEEKS**. Nevertheless, it is recommended that the risk is reassessed at 20 and 36 weeks.

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