Smt. PRADNYA ANDHARE 32/f

DR. VERONICA YUEL MD 10/01/24

T_3 T_4 TSH, HPLC

DUAL Marker

D.O.B - 01/01/1992

Lmp - 14/10/2023

Weight - 49 Kg

Height - 5 Inch. 2 Inch

Serum - 25161138

EDTA - 25161139

Dr. Pallavi Agrawal
MD, DNB Radiologist (Gold Medalist)
Trained in Fetal Medicine
Certified by Fetal Medicine Foundation UK
Reg. No. : CGMC-6348/2015

AGRAWAL DIAGNOSTICS

Center For Advanced Fetal Imaging

3D, 4D Sonography | Color Doppler | Digital X-Ray | Guided Procedures

Dr. Apoorv Agrawal
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Between OCM Chowk & Mahila Thana Chowk, Byron Bazar, Raipur (C.G.) - 492001
Phone : 0771-4000511, 9301002630, Email : apadiagnostic@gmail.com

PATIENT NAME: MRS. PRADNYA ANDHARE **AGE:** 32 Y/ F

REFERRED BY: DR VERONICA YUEL **DATE:** 09.01.2024

OBSTETRIC SONOGRAPHY(NT SCAN)

The real time, B mode, gray scale sonography of gravid uterus was performed .

L.M.P. : 14.10.2023
Gestational age by LMP : 12 WKS 3 D
E.D.D. by LMP : 20.07.2024

Routine grey scale assessment: *Route*: transabdominal

- The uterus is gravid.
- A single live fetus with following parameters is seen:
- CRL : 6.3 CM corresponding to gestational age of 12 WKS 6 D
- E.D.D. by sonography : 17.07.2024
- Cardio-somatic activity is normal, FHR 168 BPM.
- **Placenta is anterior, lower margin reaching the os.**
- There is no evidence of subchorionic haemorrhage at the time of examination.
- The internal os is closed, Cervical length : 3.3 cm

Fetal anatomical assessment:

- Normal midline falx and choroid plexus filled ventricles seen.
- Stomach bubble is seen.
- Fetal heart shows two inflow tracts and dot and dash 3VV.
- Four limbs, each with three segments images.
- Normal three vessel cord visualized.

First trimester aneuploidy markers:

- Nuchal translucency measures at the most 1.0 mm (normal)
- Nasal bone is present.
- Ductus venosus reveals normal triphasic forward flow without reversal.
- No tricuspid regurgitation is noted.

Doppler for Preeclampsia screening:

- Average Uterine artery PI: 1.7 (WNL)

Risks from history only (age and previous birth history)

- Trisomy 21: – 1 in 400
- Trisomy 18: – 1 in 1000
- Trisomy 13: – 1 in 3333

Risks from history plus NT, FHR

- Trisomy 21: – 1 in 1667
- Trisomy 18: – 1 in 5000
- Trisomy 13: – 1 in 10000

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IMPRESSION :

- **Single live fetus with gestational age of 12 wks 3 d**
- **Gestational age assigned as per LMP**
- **Low lying placenta reaching the os**

Thanks for referance madam.

Suggest: Clinical correlation and follow up at 19-20 weeks for malformation scan

I Dr Pallavi Agrawal, declare that while conducting ultrasonography on Mrs PRADNYA have neither detected nor disclosed the sex of her foetus to anybody in any manner.

Dr. Apoorv Agrawal
MD
Consultant Radiologist

Dr. Pallavi Agrawal
M.D. DNB
Consultant Radiologist

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Fetal structures are not sufficiently developed in first trimester to allow accurate assessment. Still, in good faith, we make the best possible efforts to detect all anomalies possible to be detected on sonography at this time. This is early screening test to rule out obvious major defects and should not substitute detailed anomaly scan at second trimester. The optimal visualization of fetal parts can be affected by fetal position, fetal movements, maternal obesity and adequacy of liquor.