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Quality Medical Imaging

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ADISHAKTI IMAGING CENTRE**आदिशक्ति इमेजिंग सेंटर****NFMC**

Supporting Feto-Maternal Care

An ISO 9001 : 2015 Certified Centre

NAGPUR FETAL MEDICINE CENTRE**नागपुर फिटल मेडीसीन सेंटर****Dr. JITENDRA SAH**MBBS, DMRD, IIMFM, ACFRG, BCFRG, DIF
Fellowship in Fetal Medicine, Barcelona (Sp)

Consultant Fetal Medicine

Consultant Radiologist and Sonologist

Fetal Medicine Foundation (U.K.) Certified

Certified Fetal Echocardiologist

MMC Reg. No. 0838

FMF ID No. 614

Patient name	Mrs. SAFINA JAHAN TEEPU NISHAT	Age/Sex	30 Years / Female
Patient ID	E31922-23-12-13-2	Visit No	3
Referred by	Dr. KUMUDINI YADAV MBBS, DGO	Visit Date	10/01/2024
LMP Date	06/10/2023 LMP EDD: 12/07/2024		

USG OBS - FIRST TRIMISTER ANOMALY & NUCHAL SCAN**Indication(s)**

Patient is Rh -ve, previous child Rh -ve, previous 1 abortion, received Inj. Anti D.

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

LMP GA : 13 Wks 5 Day USG GA : 13 Wks 4 Day

Maternal

Cervix measured 4.50 cms in length.

Internal os is closed.

Both uterine artery screening done, shows normal spectral pattern.

Mean uterine artery PI is normal.

Right uterine PI : 1.21.

Left uterine PI : 1.93.

Fetus**Survey**

Placenta - Posterior

Liquor - Normal

Umbilical cord - Two arteries and one vein

Fetal activity present

Cardiac activity present

Fetal heart rate - 166 bpm

Biometry(Hadlock)

BPD 22.6 mm 13W 5D *	HC 83.9 mm 13W 5D *	AC 71 mm 13W 5D *	FL 11.7 mm 13W 3D *
5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%

CRL - 70.5 mm(13W 1D)

IT - 2.5 mm

BSOB ratio - 0.48 mm

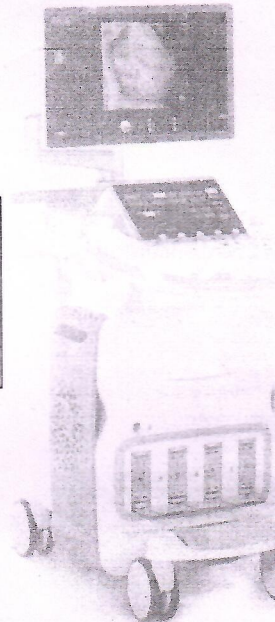
Aneuploidy Markers

Nasal Bone : 3.2 mm - Present

Nuchal translucency : 1.5 mm Normal.

Ductus venosus : Normal flow.

D.O.B = 24-11-1993
Height = 5.2 Inch
Weight = 76 kg.

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FMF ID No. 61

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Fetal Anatomy

Spine Normal. Skull and Brain appear Normal. Nasal Bone well seen. Nasal Triangle well formed. No maxillary gap. Maxilla normal length. FMF angle normal. Mandibular gap sign seen. Stomach seen. Bladder visualised. No obvious congenital anomalies seen for present date of gestation. No major marker of aneuploidy viz. Holoprosencephaly, Atrioventricular septal defect, Exomphalos, megacystis noted.

Fetal doppler

Ductus Venosus PI : 0.87

Impression

A single live early intrauterine gestation of average maturity 13 wks 4 days. Placenta is developing posteriorly. No obvious congenital anomaly seen for date. Nuchal translucency appear normal (12 th percentile for CRL as per FMF calculator). No TR, No Flow reversal in ductus venosus. Normal nasal bone seen.

Risk for developing FGR before 37 weeks

: 0.3 % (1 in 348)

Preeclampsia risk from only history < 37 weeks

: 1 in 192

Preeclampsia risk from history plus MAP, UTPI < 37 weeks

: 1 in 435

Suggested :

- 1) Double marker test for aneuploidy risk calculation.
- 2) Anomaly scan study between 18-22 weeks

(I, DR. JITENDRA SAHU, DECLARE THAT WHILE CONDUCTING ULTRASONOGRAPHY OF THIS PATIENT I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER FETUS TO ANYBODY IN ANY MANNER)

Note - Not All Fetal Anomalies can be detected on an Ultrasound Scan

First trimester screening for Downs**Maternal age risk 1 in 861**

Fetus	Risk estimate - NT	Risk estimate - NT + NB
A	1 in 4783	1 in 15944

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