SMT. MAMTA SAWANG 32/F 15/01/2023
REF. DR. VERONICA YUEL MD.

TEST. T3T4TSH, HPLC, DUAL MARKER
WEIGHT- 45.7 KG
HIGHT- 4 foot 10 inch
LMP- 13/10/23
Embryo Transfer date 05/11/2023
IVF PREGNANCY
D.O.B - 25/09/1990

Scan — 25161403
EDOA — 25161404

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. MAMTA SAWANG **AGE: 32 Y/ F**

REFERRED BY: DR VERONICA YUEL **DATE: 15.01.2024**

OBSTETRIC SONOGRAPHY(NT SCAN)

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

Routine grey scale assessment: *Route*: transabdominal

- The uterus is gravid.
- A single live fetus with following parameters is seen:
- CRL : 6.6 CM corresponding to gestational age of 13 WKS 0 D
- E.D.D. by sonography : 22.07.2024
- Cardio-somatic activity is normal, FHR 161 BPM.
- Placenta is anterior, lower margin reaching the os.
- **3.4 x 2.2 cm hypoechoic area (approx vol- 2.5cc) is noted at retroplacental location at inferior placenta edge – subchorionic collection**
- The internal os is closed, Cervical length : 3.5 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 1.3 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: 1.3 (normal)

Risks from history only (age and previous birth history)

- Trisomy 21: – 1 in 385
- Trisomy 18: – 1 in 909
- Trisomy 13: – 1 in 3333

Risks from history plus NT, FHR

- Trisomy 21: – 1 in 2000
- Trisomy 18: – 1 in 5000
- Trisomy 13: – 1 in 10000

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IMPRESSION :

- **Single live fetus with gestational age of 13 wks 0 d**
- **Gestational age assigned as per CRL**
- **EDD- 22.07.2024**
- **Subchorionic collection as described**

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 MAMTA have neither detected nor disclosed the sex of her foetus to anybody in any manner.

Dr. Pallavi Agrawal
M.D. DNB
Consultant Radiologist

Dr. Pallavi Agrawal * Reg. No. CGMC 6348/2015 * MBBS MD DNB (Radiology)

Dr. Apoorv Agrawal
MD
Consultant Radiologist

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 habitus and adequacy of liquor.