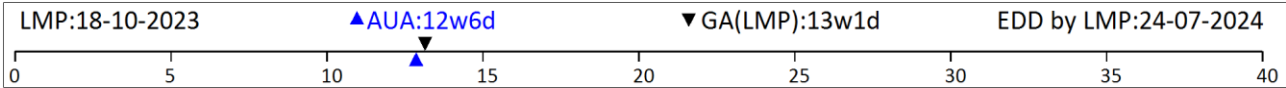


Patient Name: MRS PRIYANKA GANESH SHETE.	Date: 18/01/2024 1:54 PM
Ref Phy: DR. ANIL BALATE Sir(BHMS;CCH;CGO)	Age/Sex: 28Years / FEMALE

OBSTETRIC EARLY DETAILED NT SCAN

DONE ON GE VOLUSON E10 ULTRASOUND MACHINE



There is a single gestation sac in uterus with a single fetus within it.

The fetal cardiac activities(**168bpm**) well seen.

Chorion frondosum/Placenta is **posterior** in nature, Grade- 0 to I maturity; **in lower segment; inferior end of placenta is 2.2cm away from I-OS.**

Liquor amni is normal in quantity.

Internal os is closed and length of cervix is normal.

The embryonal growth parametres are as follow :

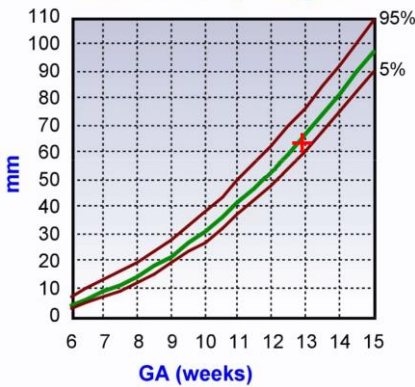
PARAMETERS	SIZE IN MM	WEEKS	DAYS
Crown Rump Length :	64.4	12	6
Heart Rate :	168 Beats Per Minute.		
The Embryo attains 40 weeks of age on :	26/07/2024		
Nuchal Translucency	0.9 mm		
Nasal Bone	Present.		
Hands, Limbs, Nasal Triangle Integrity, Bladder, Stomach & Umbilical Arteries	Seen		
Ductus Venosus Waveform	Normal waveform Pattern		

Vessels	S/D	RI	PI	Remarks
Right Uterine Artery	5.58	0.82	2.04	No early Diastolic notch seen
Left Uterine Artery	3.33	0.7	1.37	No early Diastolic notch seen
Ductus venosus	3.7	---	1.05	PSV=-35.65 Normal waveform Pattern

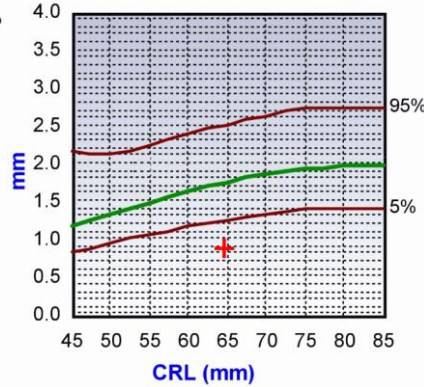
	PI	Percentile	Result
Uterine Arteries Mean PI :	1.705	63	Normal

	Risk From History Only	Risk From History Plus NT, FHR
Trisomy 21:	1 in 769	1 in 2500
Trisomy 18:	1 in 2000	1 in 10000
Trisomy 13:	1 in 5000	1 in 10000

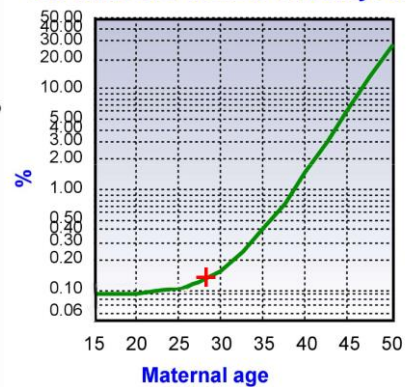
Crown-rump length



Nuchal translucency



1st trimester risk of Trisomy 21



First trimester: Pre Ultrasound Maternal age risk for Trisomy21 is 1 in 760

Fetus	Risk estimate - NT
A	1 in 4471

CONCLUSION:

- A single, live intrauterine gestation.
- Gestational age of 12weeks 6days.
- Low lying placenta at present.
- Doppler of Ductus Venosus shows normal S, D, a wave.

Suggest: SOS Triple marker test correlation & Anomaly scan at 18 - 20 weeks (21 Feb - 06 Mar)

Please note that all anomalies can not be detected all the times due to various technical and circumstantial reasons like gestation period, fetal position, quantity of liquor etc. The present study can not completely confirm presence or absence of any or all the congenital anomalies in the fetus which may be detected on post natal period. Growth parameters mentioned herein are based on International Data and may vary from Indian standards. Date of delivery (at 40 weeks) is calculated as per the present sonographic growth of fetus and may not correspond with period of gestation by L.M.P. or by actual date of delivery. As with any other diagnostic modality, the present study should be correlated with clinical features for proper management. Except in cases of Fetal Demise or Missed Abortion, sonography at 20-22 weeks should always be advised for better fetal evaluation and also for base line study for future reference.

I, Dr. Pravin Sambhaji Misal declare that while conducting sonography on MRS PRIYANKA GANESH SHETE (name of pregnant woman), I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

With Regards to DR. ANIL BALATE,



Dr. MISAL PRAVIN.
MBBS, DMRE, Fellow FMF-UK.
Consultant Radiologist

जिजामता कन्याप्रशाले जवळ, गुजर हॉस्पिटल समोर, अकलूज ४१३१०१ जि. सोलापूर

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