



SHRIRAM

DIAGNOSTIC CENTER

SONOGRAPHY, DIGITAL X RAY & CT SCAN

Dr. Ankush N. Balki

MBBS, DMRE (Radiology)
Life member IRIA, SFM member
Reg. No. 2010/03/0772



ScholarMD
Specially trained
in fetal medicine

Patient name	Mrs. HARSHALI SACHIN-CHAKOR	Age/Sex	22 Years / Female
Patient ID	28311020240204	Visit no	1
Referred by	Dr. NILESHA BALKI	Visit date	04/02/2024
LMP date	10/11/2023, LMP EDD: 16/08/2024[12W 2D] C-EDD: 16/08/2024[12W 2D]		

OB - First Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal and Transvaginal

Twin intrauterine gestation

Type of twinning

Dichorionic Diamniotic Twin

Fetus A seen in Sac1

Fetus B seen in Sac2

Maternal

Cervix measured 3.80 cm in length.

Right Uterine	1	●— — (4%)
Left Uterine	1.28	— —●— (20%)
Mean PI	1.14	●— — (9%)

Fetus A

Survey

Placenta : Right Lateral placenta
Liquor : Adequate
Umbilical cord : Two arteries and one vein
Fetal activity : Fetal activity present
Cardiac activity : Cardiac activity present
Fetal heart rate - 151 bpm
Pregnancy comments : Subchorionic collection of size 23x14mm .

Biometry(Hadlock, Unit: mm)

CRL	62.1, 12W 4D	— —●— (60%)
-----	--------------	--------------

Aneuploidy Markers (mm)

Nasal Bone	hypoplastic
NT	1.7 — —●— (68%) Normal
Ductus Venosus	Normal flow





SHRIRAM DIAGNOSTIC CENTER

SONOGRAPHY, DIGITAL X RAY & CT SCAN

Dr. Ankush N. Balki

MBBS, DMRE (Radiology)
Life member IRIA, SFM member
Reg. No. 2010/03/0772



ScholarMD
Specially trained
in fetal medicine

Mrs. HARSHALI SACHIN CHAKOR / 28311020240204 / 04/02/2024 / Visit No 1

Fetus B Survey

Placenta : Forming anteriorly
Liquor : Adequate
Umbilical cord : Two arteries and one vein
Fetal activity : Fetal activity present
Cardiac activity : Cardiac activity present
Fetal heart rate - 149 bpm

Biometry(Hadlock, Unit: mm)

CRL	56.8, 12W 2D	—●— (50%)
-----	--------------	-----------

Aneuploidy Markers (mm)

Nasal Bone	Present
NT	1.1 —●— (14%) Normal
Ductus Venosus	Normal flow

Impression

Dichorionic Diamniotic live Twin gestation corresponding to a gestational age of 12 Weeks 2 Days, hypoplastic nasal bone in Fetus A(Adv -follow up after 15 days with dual marker correlation/NIPT/CVS)

Fetus A,B - Intrauterine

Gestational age assigned as per biometry (CRL for Fetus B)

Menstrual age 12 Weeks 2 Days

Corrected EDD 16-08-2024

Fetus - A

Placenta - Right Lateral placenta

Liquor - Adequate

Fetus - B

Placenta - Forming anteriorly

Liquor - Adequate

Kindly correlate clinically & Suggest: detailed anomaly scan at 18-22 wks.

First trimester screening for Downs

Maternal age risk 1 in 1441

Fetus	Risk estimate - NT	Risk estimate - NT + NB
A	1 in 1947	1 in 6491

Dr. ANKUSH N. BALKI

M.B.B.S (Radiology)

Reg. No. 2010/03/0772

Shriram Diagnostic Center, Wan

Dr. ANKUSH NARAYAN BALKI
CONSULTANT RADIOLOGIST



Scanned with OKEN Scanner



SHRIRAM

DIAGNOSTIC CENTER

SONOGRAPHY, DIGITAL X RAY & CT SCAN

Dr. Ankush N. Balki

MBBS, DMRE (Radiology)
Life member IRIA, SPM member
Reg. No. 2010/03/0772



ScholarMD
Specially trained
in fetal medicine

Mrs. HARSHALI SACHIN CHAKOR / 28311020240204 / 04/02/2024 / Visit No 1

Disclaimer

I Dr. Ankush Narayan Balki declare that while conducting ultrasonography/ image scanning on Mrs. Harshali Sachin Chakorl have neither detected nor disclosed the sex of her foetus to anybody in any manner.

Thanks for Referral

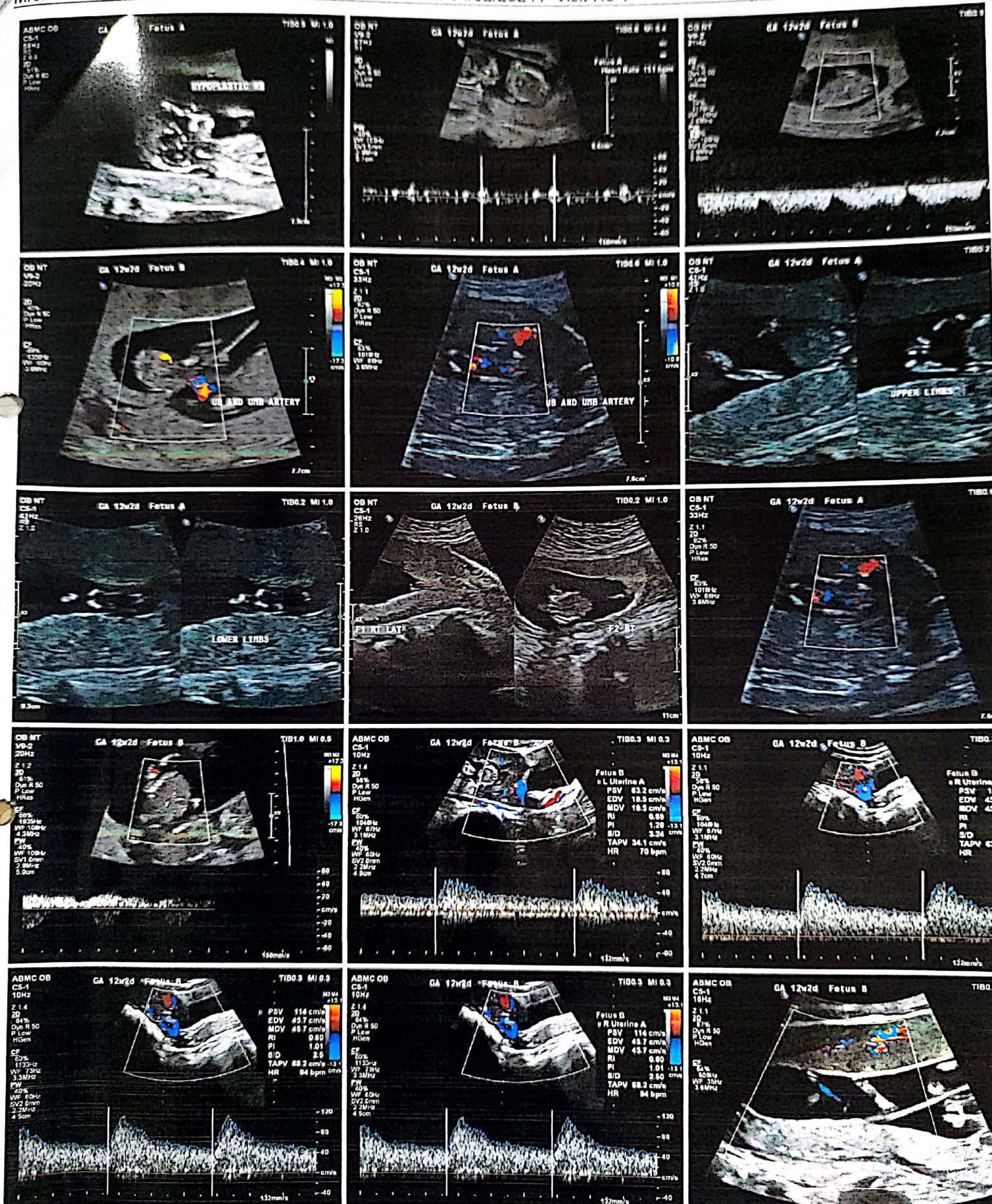
- Evolving anomalies are seen at later stages of gestation and are not seen in earlier scans.
- Anomalies of small parts like ears, fingers and toes can not be detected routinely because of unfavorable position to visualised it.
- Normal looking fetal stomach bubble does not rule out esophageal atresia/Tracheo esophageal fistula.
- Minor cardiac defects like small VSDs, mild stenotic lesions, coronary artery anomalies and anomalies that evolve towards later gestation like aortic arch anomalies and those of pulmonary venous drainage may not be always identifiable antenatally.
- Anomalies resulting from one closure of physiological shunts like ASD and PDA will be evident only after birth.
- Congenital skin disorders can not be detected prenatally.
- Congenital metabolic disorders, enzyme deficiencies can not be detected on USG.
- Abnormalities in the external genital organs can not be seen and documented for legal reasons.
- Congenital dislocations of joints can be suspected only when extremities are seen in abnormal position while scanning.

Expected baby weight given on USG can have 10-15 percent variation on either side.



SHRIRAM DIAGNOSTIC CENTRE

Mrs. HARSHALI SACHIN CHAKOR / 28311020240204 / 04/02/2024 / Visit No 1



SHRIRAM DIAGNOSTIC CENTRE

MRS. HARSHALI SACHIN CHAKOR / 28311020240204 / 04/02/2024 / Visit No 1



Name - Harshali Sachin ~~Chakore~~ Chakor

DOB - 18 march 2002

height - 5.2''

weight - 53 kg

Age - **22**