

Dr. Shipra Borkar (Katkar)

M.B.B.S., D.M.R.D., D.N.B.

Registration No. 2012/06/1943



WADI SCAN

Advance Sonography Center

ULTRASOUND & COLOUR DOPPLER

Dr. Kamlesh Bagde

M.B.B.S., M.D.

Registration No. 2002/07/2629

Shop No. 9, Near Pushpalata Jewellers, Nidhi Palace, Below IDBI & AXIS Bank ATM, Amravati Road, Datta Wadi, Nagpur. M : 8830654348 / 7083402284

USG – EARLY OBG WITH NT SCAN

NAME OF PATIENT: RINA RAUT

AGE : 27Y/F

DATE : 10/02/2024

REF. BY : DR. SWATI CHALKHOR

LMP: 13/11/2023 MENSTRUAL AGE: 12 WEEKS 5 DAYS

Single intrauterine gestation sac noted.

Fetal poles visualized.

Regular cardiac activity noted. Heart rate- 165 bpm.

CRL: 60 mm- 12 WEEKS 4 DAYS

Sonic Gestational Age: 12 WEEKS 4 DAYS

Sonic EDD : 20/08/2024

EDD (LMP) : 19/08/2024

Nuchal translucency- 1.8 mm (61 percentile for CRL)

Nasal bone seen. Ductus venosus shows normal triphasic wave form.

Limb buds appears normal.

Skull bones appear normal.

Midline falx visualized.

Posterior fossa appears to be normal.

Fetal spine appears grossly normal.

Liquor is adequate for gestational age.

Overall fetal profile is satisfactory.

Placenta – developing on posterior wall, grade 0. No focal lesion.

Cervical length 3.1 cm & internal OS is normal appearing.

Adnexae reveals no abnormality.

PTO

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COLOUR DOPPLER STUDY (ref. Fetal Barcelona calculator chart)

Vessels	PI	Mean PI	Percentile	Result	Interpretation in percentile
Right uterine artery	0.72	0.79	< 1	Normal	Mean uterine artery PI above 95 th is abnormal.
Left uterine artery	0.86				

[PI- pulsatility index.]

Scanned vessels show normal waveform.

OPINION: - Sonographic study reveals -

- ☐ Single live intrauterine fetus of sonic AGA – 12 weeks 4 days near corresponding with menstrual age.
- ☐ No sonographic abnormality noted at present scan for current fetal position and gestational age.

Suggested clinical, laboratory (double marker) correlation and follow up scan.

I, Dr. Kamlesh Bagde declare that, while conducting ultrasonography on above patient, have neither detected nor disclosed the sex of the foetus to anybody in any manner.

Thanks for referral.

Note: All measurements including estimated foetal weight are subject to statistical variations. The gray scale 2D ultrasonography has its limitations and hence all congenital anomalies cannot be ruled out on this report alone and further evaluation is desirable.

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