



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. POOJA GANESH PENDOR	Age/Sex	29 Years / Female
Patient ID	14141420240213	Visit no	1
Referred by	Dr. NILESHA BALKI	Visit date	13/02/2024
LMP date	15/11/2023, LMP EDD: 21/08/2024[12W 6D] C-EDD: 28/08/2024[11W 6D]		

OB - First Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Maternal

Cervix measured 3.00 cm in length.

Right Uterine	1.42	(28%)
Left Uterine	2.48	(91%)
Mean PI	1.95	(63%)

Fetus

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 - 169 bpm

Biometry(Hadlock, Unit: mm)

CRL	52.73, 11W 6D	(50%)
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Aneuploidy Markers (mm)

Nasal Bone	Present
NT	1.11 (10%) Normal
Ductus Venosus	Normal flow

Impression

Intrauterine live gestation corresponding to a gestational age of 11 Weeks 6 Days
Gestational age assigned as per biometry (CRL)
Menstrual age 12 Weeks 6 Days
Corrected EDD 28-08-2024
Placenta - Forming anteriorly
Liquor - Adequate

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

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GANESH PENDOR / 14141420240213 / 13/02/2024 / Visit No 1



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Shot on realme 8 Pro 108MP

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First trimester screening for Downs
Maternal age risk 1 in 926

Fetus	Risk estimate - NT	Risk estimate - NT + NB
A	1 in 5447	1 in 18157

Dr. ANKUSH N. BALKI
M.B.B.S., DMRE (Radiology)
Reg. No. 2010/03/0772
Shriram Diagnostic Center, Wan

Dr. ANKUSH NARAYAN BALKI
CONSULTANT RADIOLOGIST

Disclaimer

I Dr. Ankush Narayan Balki declare that while conducting ultrasonography/ image scanning on Mrs. Pooja Ganesh Pendor I 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.

Htgh - 5.3

D.O.B - 01/08/1994

Age - 29

weight - 43

