

॥ श्री गजानन नमः ॥

# ASHA GENERAL HOSPITAL

SURGICAL, MATERNITY, ADVANCE PILES CARE CENTRE, CANCER DETECTION & TREATMENT, ICU

Shirdi Nagar, Manewada Road, Nagpur-24. | Ph. : (H) 2740149

NMC Reg No. 436

**Dr. Shubhangi Vaairagade**

MBBS, DGO

Reg. No. 082082

Consultant Obst. & Gyn.

M. 98602 76504

Timing : Mor. 10 am to 4 pm



Double marker Test 044

Neha

Deeka Jaiswal

32yr (DOB) - 21/Nov/1990

25/8/107

LMP → 16/11/23 GA - 13<sup>15</sup> weeks

EDD - 23/8/24

WT - 59.2 kg

Adhar → 100-69, Shreshthi Amba Nagar

Manewada Dera Road Nagpur

mob. no - 9637407630

Adhar NO → 913365-982725

पुढील तपासणीस येतांना हे प्रिस्क्रिप्शन सोबत आणावे  
कोणतीही अलर्जी असल्यास डॉक्टरांना अवश्य कळवावे  
औषधी डॉक्टरांना दाखवुनच घ्यावी.

Dr. Anjali Dhomne (Th)



Patient Name	:	Mrs. NEHA SUDESH JAISWAL	Age/Sex	:	34 Years/ Female
Ref. By	:	Dr. SHUBHANGI VAIRAGADE	Date	:	22-Feb-24

**USG OBSTETRICS (NT NB SCAN)**

**Survey:**

- Single live intrauterine fetus with gestational parameters corresponding to an average gestational age of 13 weeks 4 days noted.
- Placenta is posterior in location. Not low lying.
- Liquor is adequate.
- Internal OS is closed. Cervical length is approximately 4.4 cm.
- CRL measures 7.5 cm.

LMP	LMP: 16-Nov-23
GESTATIONAL AGE BY LMP	14 weeks 0 days
GESTATIONAL AGE BY USG	13 Weeks,4 days
EDD BY LMP	EDD: 22-Aug-24
EDD BY USG	EDD: 25-Aug-24
FHR	159 BPM

- Nuchal translucency 1.2 mm.
- Nasal bone is ossified and measures 3 mm.
- Intracranial translucency is normal.
- Ductus venosus waveform is normal. PI measures 1.
- No e/o tricuspid regurgitation.
- Fronto-parieto-occipital ossification noted. No evidence of Ventriculomegaly. No frontal bossing. Frontomaxillary triangle and mandible appears normal. Both intraocular lens visualised.
- 4 chamber heart appears grossly normal. Situs solitus maintained. Fetal stomach bubble and urinary bladder visualized.
- Fetal extremities (3 segments and movement) appears normal. Anterior abdominal wall and fetal spine appears normal. Three vessel cord noted.
- Bilateral uterine arteries show normal waveform with mean uterine artery PI of 1.5.

	Risk From History Only	Risk From History Plus NT, FHR
Trisomy 21:	1 in 385	1 in 2000
Trisomy 18:	1 in 1000	1 in 5000
Trisomy 13:	1 in 3333	1 in 10000

**Dr. Mayur Mahadule**

MBBS, MD, DNB (Radiodiagnosis)  
(B.J.M.C. & Sassoon Hospital Pune)  
Consultant Radiologist  
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**Dr. Amol Gawhale**

MBBS, MD, DNB (Radiodiagnosis)  
(Seth GS Medical & Research Institute Mumbai)  
FRCR (London), EDIR, Diplomate of ICR  
Consultant Radiologist  
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**Dr. Amita Dhawas (Thakare)**

MD Radio-diagnosis  
MGIMS Sevagram  
Consultant Radiologist  
M : 9673329881

± 3D/4D/5D Sonography ± Colour Doppler ± Digital X-Ray ± Image Guided Interventions

*uterine measurements*

Uterine arterial pressure 75 mmHg (0.943 MoM)  
Uterine artery PI 1.5 (0.95 MoM)

Measurement date 22-02-2024

**Preeclampsia risk from history only**

< 37 weeks: 1 in 667

**Preeclampsia risk from history plus MAP, UTPI**

< 37 weeks: 1 in 2500

**Recommendation**

The risk of preeclampsia was assessed by a combination of maternal characteristics and medical history with measurements of blood pressure and blood flow to the uterus.

*On the basis of this assessment the patient has been classified as being at low risk for developing PE before 37 weeks. Nevertheless, it is recommended that the risk is reassessed at 20 and 36 weeks.*

**IMPRESSION:**

- ❖ Single live intrauterine fetus with gestational parameters corresponding to an average gestational age of 13 weeks 4 days.
- ❖ Normal NT and NB values.

Suggest follow up at 20- 22 weeks for anomaly scan.

Dr. AMITA DHAWAS, declare that while conducting ultrasonography on Mrs. NEHA SUDESH JAISWAL, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.