

tender loving care....

|              |                                     |            |                   |
|--------------|-------------------------------------|------------|-------------------|
| Patient name | Mrs. AARTI CHETAN SALKUTE           | Age/Sex    | 33 Years / Female |
| Patient ID   | D04037                              | Visit No   | 4                 |
| Referred by  | Dr. KARUNA MURKEY                   | Visit Date | 27/02/2024        |
| LMP Date     | 21/11/2023 LMP EDD: 27/08/2024[14W] |            |                   |

## OB - First Trimester Scan Report

### Indication(s)

**FIRST TRIMESTER NUCHAL TRANSLUCENCY AND ANOMALY SCAN**

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Poor penetration of sound waves due to thick abdominal wall.

### Maternal

Cervix measured 3.00 cms in length.

Right uterine PI : 1.5.

Left uterine PI : 1.8.

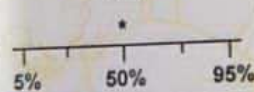
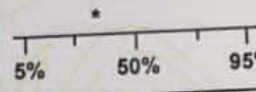
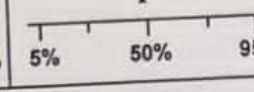
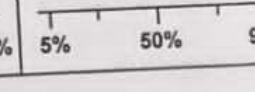
Mean PI : 1.65 (60%ile)

### Fetus

#### Survey

Placenta : Posterior  
 Liquor : Normal  
 Umbilical cord : Two arteries and one vein  
 Fetal activity : Fetal activity present  
 Cardiac activity : Cardiac activity present  
 Fetal heart rate - 145 bpm

### Biometry(Mediscan, Hadlock)

|                                                                                                              |                                                                                                                   |                                                                                                                |                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <p>BPD 25 mm<br/>14W</p>  | <p>HC 91.14 mm<br/>13W 4D</p>  | <p>AC 72.29 mm<br/>14W</p>  | <p>FL 13 mm<br/>13W 5D</p>  |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

CRL - 80 mm(13W 6D)

### Aneuploidy Markers

Nasal Bone : seen

Nuchal translucency : 1.6 mm Normal.

Ductus venosus : normal flow.

Tricuspid regurgitation : No evidence of tricuspid regurgitation..

Ms. AARTI CHETAN SALKUTE / D04037 / 27/02/2024 / Visit No 4

**Physical Anatomy**

Head: normal, Neck: normal, Spine: normal, Face: normal, Thorax: normal, Heart: normal, Abdomen: normal, KUB: normal, Extremities: normal  
Chest: Both lateral ventricles seen. Intracranial translucency appeared normal.  
Face: Orbits and Premaxillary triangle seen  
Heart: Heart - Two inflows and outflows imaged in colour.

**Impression**

INTRAUTERINE GESTATION CORRESPONDING TO A GESTATIONAL AGE OF 14 WEEKS  
GESTATIONAL AGE ASSIGNED AS PER LMP  
PLACENTA - POSTERIOR  
LIQUOR - NORMAL

SUGGESTED  
• COMBINED FIRST TRIMESTER SCREENING FOR DOWNS SYNDROME. (Blood test cut off CRL 84mm)  
• DETAILED ANOMALY SCAN AT 20 WEEKS.  
(Please bring referral letter.)

Note - Nuchal translucency NT was measured as per FMF (Fetal Medicine Foundation U.K.) Guidelines.

MATERNAL - BILATERAL MEAN UTERINE ARTERY (PI) FLOW NORMAL

DECLARATION - I declare that while conducting ultrasonography / image scanning, I have neither detected nor disclosed the sex of the fetus to anybody in any manner. All congenital anomalies and genetic conditions may not be detected on ultrasonography due to limitations like fetal position, amount of liquor, previous scars, Small VSDs, late appearance of few anomalies and structures that are not part of routine imaging protocol. Detailed fetal echo not included in this scan.

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