

Patient name	Mrs RADHIKA ANKUSH THAKARE	Age/Sex	26 Years / Female
Patient ID	D21742	Visit No	1
Referred by	Dr KARUNA MURKEY	Visit Date	19/03/2024
LMP Date	16/12/2023 LMP EDD: 21/09/2024[13W 3D]		

## 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

### Maternal

Cervix measured 3.30 cms in length.

Right uterine PI : 1.3.

Left uterine PI : 3.5.

Mean PI : 2.40 (99%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 - 142 bpm

### Biometry(Mediscan, Hadlock)

BPD 24 mm 13W 5D	HC 86.43 mm 13W 2D	AC 70.71 mm 13W 6D	FL 10 mm 12W 5D
5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%

CRL - 72 mm(13W 2D)

### Aneuploidy Markers

Nasal Bone : seen

Nuchal translucency : 2 mm.

Ductus venosus : normal flow.

Tricuspid regurgitation : No evidence of tricuspid regurgitation..



# DAFFODILS

Fertility, Foetal Care and Day-Care Institute of Laparo-Scopy  
tender loving care....

## DR. JAGRUTI B. MURKEY

DNB (Obs & Gyn), DGO, PCPS, DFP, MBBS (Mumbai)  
2 yrs Fellowship in Fetal Medicine (Mediscan Chennai)  
Ex. Consultant in Mediscan (Chennai)  
Certified for NT Scan by FIMP, London, UK

31

Mrs. RADHIKA ANKUSH THAKARE / D21742 / 19/03/2024 / Visit No 1

### Fetal Anatomy

Head: normal, Neck: normal, Spine: normal, Face: normal, Thorax: normal, Heart: normal, Abdomen: normal, KUB: normal, Extremities: normal

Head: 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 13 WEEKS 3 DAYS

GESTATIONAL AGE ASSIGNED AS PER LMP

PLACENTA - POSTERIOR

LIQUOR - NORMAL

MATERNAL - BILATERAL MEAN UTERINE ARTERY DOPPLER SHOWS HIGH RESISTANCE TO FLOW  
- (PI >95 %tile) S/O INCREASED RISK OF FETAL GROWTH RESTRICTION AND / OR PRETERM PRE ECLAMPSIA.

### SUGGESTED

1. COMBINED FIRST TRIMESTER SCREENING FOR DOWNS SYNDROME. (Blood test cut off CRL 84mm)
2. KINDLY CONSIDER STARTING LOW DOSE ASPIRIN IN VIEW OF INCREASED UTERINE ARTERY PI.  
(150 mg as per new ASPRE trial)
3. 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.

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.

DR. JAGRUTI BHUSHAN MURKEY  
DNB (OBS & GYN), DGO, MBBS  
FETAL MEDICINE SPECIALIST  
REG. NO. 2007 / 06 / 2430

JAGRUTI MURKEY DNB DGO MBBS  
CONSULTANT FETAL MEDICINE SPECIALIST  
DAFFODILS, Mudholkar Peth, Amravati (M.S.)