



Nucleus Diagnostic Centre

Discover Disease, Recover Health

Dr. Narayan Lakhotiya

MBBS, DMRD, DNB (Radiology)
DMRD (Sion Hosp., Mumbai)
DNB (Apollo Main Hosp., Chennai)
Reg. No. 2011082767

Dr. Sneha Lakhotiya

MBBS, MD (Pathology)
MD (Dr. PDMC, Amravati)
Reg. No. 2013051527

Patient Name: ARTI RUPESH SIRSAT

Date: 23/03/2024

Ref Dr.: DR. KARUNA MURKEY (MD OBGY)

Age/Sex: 24 Years / FEMALE

USG OF GRAVID UTERUS (NUCHAL TRANSLUCENCY SCAN)

Single intrauterine live gestation is seen in variable position.

Placenta is anterior with Grade 0 maturity with lower end 1.7 cm away from internal os.

Internal os is closed. Cervical length is 35.9 mm.

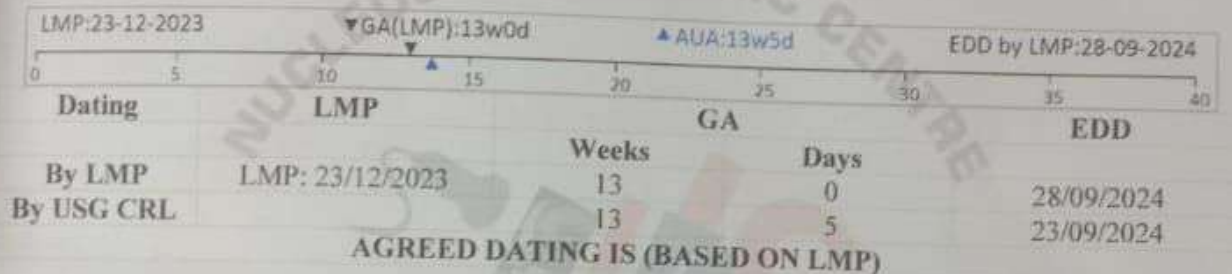
Liquor is adequate.

Fetal cardiac activity is seen and heart rate is 165 beats per minute.

Nuchal translucency measures 1.9 mm (46% + + + + +).

Nasal bone is visualized and measures 3.3 mm (59.5% + + + + +).

Ductus venosus shows normal spectral pattern. No e/o tricuspid regurgitation.



CRL	76.8 mm	13 weeks 5 days
BPD	24.7 mm	14 weeks 2 days
HC	95.7 mm	14 weeks 3 days

No obvious congenital anomaly is seen at this stage.

Screening Doppler of uterine arteries appears normal.

Vessels	S/D	RI	PI	PI Percentile
Right Uterine Artery	5.72	0.83	2.28	92.6% + + + + +
Left Uterine Artery	3.01	0.67	1.28	17.4% + + + + +
Mean Uterine Artery			1.78	68% + + + + +

- CT Scan -

op No. 1,2,3, Bhavyam Building, Deorankar
de Khatri Hospital, Near Shivaji Complex,
Amravati. Mob. 8080205889

- Sonography, Color Doppler, X-Ray & Pathology -

Address: Nucleus Diagnostic Centre, Shop No. 4,5,6,
Shilpi Complex, Near Kushal Auto, Rajapeth,
Amravati-444605 Tel. No. 0721-2560118

E-mail : ndcradpath@gmail.com



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First trimester: Pre Ultrasound Maternal age risk for Trisomy21 is 1 in 984

Fetus	Risk estimate - NT
A	1 in 3514

IMPRESSION:

- Single intrauterine live gestation of 13 weeks 5 days as per CRL.
- Menstrual age 13 weeks 0 days.
- Placenta anterior with lower end 1.7 cm away from internal os.
- Internal os is closed. Cervical length is 35.9 mm.
- Nuchal translucency measures 1.9 mm.
- Nasal bone is visualized and measures 3.3 mm.
- Ductus venosus shows normal spectral pattern.
- No e/o tricuspid regurgitation.
- Normal mean uterine artery PI 1.78 (68% $\rightarrow$).

SUGGEST:

1. FIRST TRIMESTER DUAL MARKER SCREENING.
2. FOLLOW UP STUDY TO RULE OUT ANOMALIES AT 18-20 WEEKS.

Note: It must be noted that detailed fetal anatomy may not always be visible due to technical difficulties related to fetal position, fluid volume, fetal movements, and patient's abdominal wall thickness. Therefore all fetal anomalies may not necessarily be detected at every examination.

DECLARATION: I have neither detected nor disclosed the sex of the fetus to anyone in any manner.


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Consultant Radiologist

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