



SHRI MAHALAXMI

SONOGRAPHY AND XRAY CLINIC

Dr. Shripad Shivajirao Nandurkar

MBBS, MD Radiodiagnosis
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NAME: MRS. POOJA PANDURANG DHALGADE
REF: DR. SMITA YADAV MS

AGE/SEX: 24 YEARS/ FEMALE
DATE: 05-04-24

OBSTETRIC SONOGRAPHY (SCREENING FOR NT)

LMP: 10-01-24 AMENORRHOEA : 12 WEEKS 2 DAYS EDD BY LMP : 16-10-24

A single live intra uterine fetus is seen.

Cardiac activity present & appear normal.

Placenta is forming anteriorly. Amniotic fluid is adequate.

Nuchal translucency – 1.2 mm (< 5 percentile for CRL--normal) Nasal bone seen.

Intracranial translucency—1.4 mm.

Bowel echogenicity is within normal limits.

Limbs, spine , brain , appears normal at present.

Ductus venous shows normal flow.

Internal OS is closed. Length of the cervix is 3.6 cms.

Foetal gestational parameters are: -

| | Measurement | GA |
|-----|-----------------|-----------------|
| AUA | 13 weeks 1 days | 10-Oct-24 |
| CRL | 6.8 cm | 13 weeks 1 days |
| FHR | 161/min | |

IMPRESSION:

A single live intra uterine fetus with average gestational age of 13 weeks 1 days.

EDD by USG—10/10/2024.

Nuchal translucency – 1.2 mm (< 5 percentile for CRL--normal) Nasal bone seen.

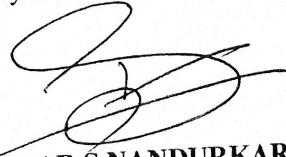
Mean uterine artery PI is 1.9--81 percentile—Normal (Right PI-1.6, Left PI -2.3).

Suggest: Clinical correlation/ follow up at 19 weeks for anomaly scan.

[NT scan is a part of screening for few chromosomal anomalies like Downs syndrome (Trisomy 21), other trisomy's (13 & 18) , cardiac & other fetal abnormalities. This is not a definitive diagnostic test for chromosomal anomalies. Dedicated combined screening (NT scan + biochemical markers OR NIPT) and other definitive tests are recommended in high-risk group as per the universal guidelines].

Declaration of Doctor:

I, Dr. Shripad S Nandurkar declare that while conducting ultrasonography/image scanning on the above patient, I have neither detected nor disclosed the sex of her foetus to any body in any manner.


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