

Weight - 30414

② Mrs. Sonam Venma

Age - 30y/f

Double Marker

DOB - 22/03/1993

EMP - 6/01/2024

Height - 4'11"

Weight - 37.0 Kg.

NAME : MRS. SONAM VERMA
AGE : 30 Years / FEMALE
REF BY : DR. YAMINI SINGH NAYAN

DATE : 09/04/2024

OB-First Trimester Scan Report (NT Scan)

Real time B-mode ultrasonography of gravid uterus done.

Dating	LMP	GA		EDD
By LMP	LMP: 06/01/2024	Weeks	Days	
By USG		13	3	12/10/2024
		12	0	22/10/2024

AGREED DATING IS (BASED ON USG)

Maternal:

Cervix measured 3.6 cm in length. Os closed.

Right uterine PI : 1.45

Left uterine PI : 2.05

Mean PI : 1.75 (69% + - Normal)

Fetus Survey : Single live intrauterine fetus.

Placenta : Anterior wall.

Liquor : Normal

Fetal activity : Fetal activity present.

Fetal heart rate - 155 bpm

Biometry (Hadlock)

BPD	HC	AC	FL
1.6 cm	5.9 cm	4.7 cm	0.6 cm
12W 3D	12W 1 D	-	11 W 6 D

CRL- 49.5 mm (11 W 5 D), IT (Intracranial translucency) - 1.5 mm.

Aneuploidy Markers

Nasal Bone : Present

Nuchal translucency : 1.3 mm- Normal.

Ductus venosus : No "a" wave reversal.

Tricuspid regurgitation : No tricuspid regurgitation seen.

Fetal anatomy:

Head : Skull/brain appears normal.
Intracranial structures appear normal.

Neck : Neck appears normal.

Spine : Spinal curvature appears normal.

Face : PMT and orbits seen.

Thorax : Thorax appears normal.

Abdomen : Cord insertion seen.

KUB : Bladder appears normal.

Kidneys could not be evaluated at present.

Extremities : Both upper limbs and lower limbs seen.

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IMPRESSION:

- Single live intrauterine gestation corresponding to gestational age of 12 weeks 0 days.
- Menstrual age is 13 weeks 3 days.
- Corrected EDD as per USG: 22/10/2024
- EDD (As per LMP): 12/10/2024.
- Measured nuchal translucency (1.3 mm) is 42% + — + — + Percentile.
- Uterine artery screen negative for PIH.
- No obvious gross fetal anomaly is noticed in this examination.
- 1 week 3 days discrepancy between USG & menstrual age.
- Maternal – Anterior wall fibroid measuring 16 x 9 mm. Left lateral wall fibroid measuring 3.6 x 2.7 cm with peripheral wall calcification.

COMMENTS:

First Trimester Screening for Trisomies:

	Risk From History Only	Risk From History Plus NT, FHR (Fetal medicine by UK)
Trisomy 21:	1 in 588	1 in 5000
Trisomy 18:	1 in 1250	1 in 2000
Trisomy 13:	1 in 5000	1 in 10000

PLEASE NOTE

- All abnormalities and genetic syndromes cannot be ruled out by ultrasound examination.

SUGGESTED:

- TIFFA (level II) scan between 19-20 weeks.

Disclaimer:

I Dr. Shikha Jain declare that while conducting ultrasonography/image scanning on this patient, have neither detected nor disclosed the sex of fetus to anybody in any manner.

Thanks for the reference,
With regards.

Shikha Jain
Dr. Shikha Jain
MBBS DMRD
FIMF (UK) CERTIFIED (11th Nov 2020)
Consultant Radiologist
MBBS, DMRD

These reports are for assisting doctors, physicians in their treatment and not for medico legal purpose and should be read in conjunction with clinical findings.

This report is for perusal of the doctor not the definitive diagnosis; findings have to be clinically correlated, Ultrasound has its limitations in obese patients and in retro peritoneal organs. All congenital abnormalities cannot be detected on ultrasound. This report is not for medico-legal purpose. In case of any typing error please get it corrected within 7 days.