



NIMISHKA X-RAY, SONOGRAPHY & COLOUR DOPPLER CENTRE

Dr. (Mrs.) Kshama Shende (Bahile)

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PCPNDT Reg. No. 415/2012

G-3, Kamala Towers
Beside Tuli Inox,
Indora Square,
NAGPUR - 440 017

Name : Mrs.Savita Chandekar
Ref. By : Dr.Anita R.Darda ,DGO
Patient ID : 1704202402

Date : 17/04/2024
Age / Sex : 38 / F

OBSTETRIC SONOGRAPHY (NT SCAN)

LMP : 18-01-2024 = 12 wks 6 days.
EDD : 24-10-2024

There is a single, live, intrauterine fetus with changing lie.

Fetal cardiac activity regular ,FHR - 160 b/min

Liquor is adequate for GA.

Placenta is located on posterior wall.Cervix - 3.3 cm.Internal os is closed.
Fetal movements well appreciated.

Nuchal translucency measures - 1.61 mm ,Nasal bone is normal.(Risk for trisomy 21 -- 1 in 714)
Ductus venosus shows normal flow.No e/o tricuspid regurgitation.
Right uterine A PI -- 2.35; Left uterine A PI -- 2.56; Mean uterine A PI-- 2.45 (Risk of preeclampsia--1 in 147)

FETAL PARAMETERS :

B.P.D. : 23.7 mm = 14 weeks .
Femur : 7.7 mm = 12 weeks 2 days.
Head Circumference : 77.4 mm = 13 weeks 2 days.
Abdominal Circumference : 67.1 mm = 13 weeks 2 days.
CRL : 68.7 mm = 13 weeks 1 day.

Avg .GA(US) = 13 weeks 1 day.

EDD : 24-10-2024

Estimated Foetal Weight : 66 +/- 10 gms.

EVALUATION OF FETAL ANOMALIES;

HEAD: Falx is central in position.

SPINE: spine is seen as two echogenic lines at this stage.

THORAX: Heart is central in position.Normal cardiac situs.No space occupying lesion in thorax. No e/o pleural or pericardial effusion.

ABDOMEN:Abdominal situs normal.Bladder and stomach bubble are normal.No e/o fetal ascitis.Abdominal wall intact.Insertion of cord on abdominal wall is normal.

EXTREMITIES: All fetal long bones visualised. No abnormality seen.
Three vesselled cord seen

IMPRESSION :SINGLE, LIVE, NORMAL, INTRAUTERINE GESTATION OF 13 WKS 1 DAY.
ADV : Anomaly scan at 20-22 weeks

I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF FETUS TO ANYBODY IN ANY MANNER

Dr.Kshama Shende ,DMRD

PLEASE NOTE

- This investigation has been done as per the request of the referring doctor.
- Sex of the fetus is not disclosed or mentioned to anybody in any manner.
- It must be noted that detailed fetal anatomy may not always be visible due to technical difficulties related to fetal position, amniotic fluid volume , fetal movements and maternal abdominal wall thickness.
- Basic evaluation of the heart is done in this examination.Fetal echo is not a part of this study and should be done around 23-24 weeks when visualisation of heart is better.
- Furthermore all fetal anomalies may not necessarily be detected at every examination.
- All measurements including fetal weight are subject to statistical variations.
- In case of disparity between report and clinical evaluation , second opinion is advisable before commencing the final treatment.

This document is not for medico-legal purpose.

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