



NIMISHKA X-RAY, SONOGRAPHY & COLOUR DOPPLER CENTRE

Dr. (Mrs.) Kshama Shende (Bahile)
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MMC Reg. No. 88947
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.

EXTRIMITIES: All fetal long bones visualised. No abnormality seen.
Three vesseled 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.

Swati