



GURUKRUPA

DIAGNOSTIC CLINIC

First Centre in Chandrapur District for Fetal Medicine Invasive Procedures.

Dr. Mrs. Prerana N. Kolte

M.B.B.S. D.M.R.D.

Scholar MD Training in Fetal Medicine

Gyn. Imaging & Breast Imaging

Breast Imaging Training - TATA Hos. Mumbai

IOTA Certified

Consultant Radiologist & Sonologist

Breast Imaging & Fetal Medicine Consultant

MMC Regn No. 81319

Fetal Medicine Foundation U.K. ID : 178567

Patient name	Mrs. NIHARIKA KUSHWAH	Age/Sex	32 Years / Female
Patient ID	2404214	Visit no	1
Referred by	Dr. INDU AGRAWAL MD,DGO	Visit date	22/04/2024
LMP date	21/01/2024, LMP EDD: 27/10/2024 USG - EDD: 26/10/2024		

NT scan - First Trimester Morphology Scan Report with Preclampsia Screening

Indication(s)

NT SCAN

Real time B Mode USG of GRAVID UTERUS done on GE-voluson E6 Radiance Color Doppler unit.
Route: Transabdominal

Single intrauterine gestation

Case History

Gravida - 2 , Para - 0 , Miscarriage - 1 , Male alive - 0 , Female alive - 0

Maternal

Cervix measured 2.90 cm in length.

Internal os is closed.

Maternal uterine arteries mean PI is 1.6 is at 58th percentile for the age.

Right Uterine	1.31	—(29%)
Left Uterine	2.01	—(76%)

Fetus

Survey

Placenta anterior & low lying in position

Placental thickness 17.5mm.

No previa or retroplacental haematoma.

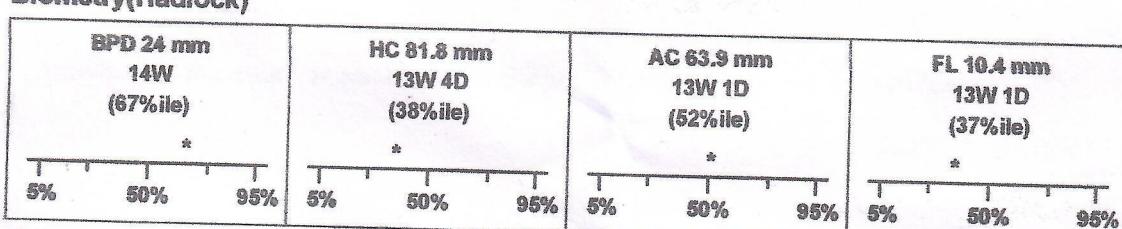
Liquor adequate for gestation.

Fetal activity present

Cardiac activity present

Fetal heart rate - 167 bpm

Biometry(Hadlock)



CRL - 72.5 mm(13W 2D)

Aneuploidy Markers

Nasal Bone : 3.8 mm - Seen

Nuchal translucency : 1.1 mm.

Ductus venosus : Normal flow.

Tricuspid regurgitation : No TR.

Fetal Anatomy

HEAD AND SPINE

Fetal head showed midline falk & normal choroid plexus.

Intracranial translucency 2.3mm.

Normal ossification of skull bone.

Wolfe



Near Kanyaka Mata Chowk, Kasturba Road, Chandrapur, Maharashtra 442 402 (07172)- 260454, 83904 99908

Sunday Closed

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Mrs. NIHARIKA KUSHWAH / 2404214 / 22/04/2024 / Visit No 1

Fetal spine is normal.

FACE

Premaxillary triangle seen. Maxillary and Mandibular echoes are normal.

Orbits with lenses visualised.

FETAL HEART AND THORAX

Inflow and outflow tract of fetal heart appeared normal.

No e/o SOL in thorax.

FETAL ABDOMEN

Gastric bubble visualised.

Cord seen with normal insertion on Gestational abdomen.

No e/o omphalocele.

Fetal kidneys seen.

Fetal bladder is distended. Both Umbilical arteries noted.

FETAL EXTREMITIES

All the three segments of both upper limbs & both lower limbs seen.

ON COLOR DOPPLER- Fetal ductus venosus shows normal waveform with normal PI is 0.95.

Impression

INTRAUTERINE LIVE GESTATION CORRESPONDING TO A GESTATIONAL AGE OF 13WEEKS 2DAYS.

GESTATIONAL AGE ASSIGNED BY LMP-(21/01/2024)

MENSTRUAL AGE 13WEEKS 1DAY.

PLACENTA ANTERIOR & LOWLYING IN POSITION

NUCHAL TRANSLUCENCY 1.1MM.WHICH IS AT 8TH PERCENTILE.

EDD BY LMP- 27/10/2024

MATERNAL UTERINE ARTERIES MEAN PI IS 1.6 IS AT 58TH PERCENTILE FOR THE AGE.

Advised scan at 20wks to 22wks to assess the interval growth rate and to rule out anomalies.

First trimester screening for Downs

Maternal age risk 1 in 622

Fetus	Risk estimate - NT	Risk estimate - NT + NB
A	1 in 3659	1 in 12196

Disclaimer

I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

Wagle
Dr.PRERANA KOLTE
Consultant Radiologist &
Fetal medicine consultant
FMF ID - 178567

THANKS FOR REFERAL

P.T.O. FOR DISCLAIMERS.



Risk assessment

Risk for preeclampsia

Report date 22-04-2024
 Examination date 22-04-2024
 Gestational age 13⁺2 weeks

D16E316FE79502

Maternal characteristics

Age in years	32.2
Height in cm	155
Weight in kg	65.2
Racial origin	South Asian
Smoking during pregnancy	No
Family history of preeclampsia	No
Method of conception	Spontaneous
Singleton or twins	Singleton

Medical history

Chronic hypertension	No
Diabetes type I	No
Diabetes type II	No
Systemic lupus erythematosus	No
Anti-phospholipid syndrome	No

Obstetric history

Parity	Nulliparous
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Biophysical measurements

Mean arterial pressure	77 mmHg (0.9 MoM)
Uterine artery PI	1.7 (1.07 MoM)
Measurement date	22-04-2024



Preeclampsia risk from history only

< 37 weeks: 1 in 81

Preeclampsia risk from history plus MAP, UTPI

< 37 weeks: 1 in 303

Recommendation

The risk of preeclampsia was assessed by a combination of maternal characteristics and medical history with measurements of blood pressure and blood flow to the uterus.

On the basis of this assessment the patient has been classified as being at low risk for developing PE before 37 weeks. Nevertheless, it is recommended that the risk is reassessed at 20 and 36 weeks.

This software is based on research carried out by The Fetal Medicine Foundation. Neither the FMF nor any other party involved in the development of this software shall be held liable for results produced using data from unconfirmed sources. Clinical risk assessment requires that the ultrasound and biochemical measurements are taken and analyzed by accredited practitioners and laboratories.