



AURANGABAD DIAGNOSTIC CENTER

- Sonography • Fetal Radiology
- Colour Doppler
- Anomaly Scan • 3D/ 4D
- Fetal Echo
- Digital X-rays & Procedures

TIMING : 9.00 AM to 9.00 PM Monday To Saturday

Name: Mrs. POOJA BHADVE
Age: 25 Years
Sex: F
Date: 27-Mar-2024

Ref By: Dr. Rajashri Patil
Study: NT OBST SCAN
Examined By: Dr. Amit K Ingle

OBSTETRIC US

LMP- 18.12.2023

GA by LMP- 14 wks 2 days

EDD by LMP-23.09.2024

E/o single live intrauterine pregnancy with Changing presentation at present.

Cervix is normal, cervical length is 35 mm

Placenta is forming Posteriorly, low lying at present reaching up to the os

Liquor is adequate.

Movements and cardiac activity regular. Cardiac acceleration with movements normal.
FHR-166/min.

Foetal head, limb buds, pulsatile heart, stomach bubble, orbits, NB, PMT, DV seen. No TR.

Biometry-

CRL- 68.6 mm 13 wks 1 day

B.P.D- 21.6 mm 13 wks 4 days

H.C - 81.6 mm 13 wks 4 days

A.C. - 65.2 mm 13 wks 2 days

F.L. - 9.7 mm 12 wks 6 days

Average USG gestational maturity 13 wks 2 days. EDD-30.09.2024

NT -thickness 1.5 mm (NT value is 30 percentile for this CRL).

Mean uterine artery PI is 0.665 (<1%tile)

IMPRESSION -13 wks 2 days single live intrauterine pregnancy with changing presentation.

Advice- follow up anomaly scan and double marker test correaltion

I declare that while conducting the USG on patient I have neither detected nor disclosed the sex of foetus in any way.

Dr. Amit K. Ingle
Consultant Radiologist

Dr. Neha R. Madle
Consultant Radiologist

Dr. Anup G. Chalwade
Consultant Radiologist

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Risk assessment

Risk for trisomies at 11-13 weeks
Report date 27-03-2024
Examination date 27-03-2024
Gestational age 13+0 weeks

Maternal characteristics

Age in years 23.7
Previous baby/fetus with T21 No
Previous baby/fetus with T18 No
Previous baby/fetus with T13 No

Measurements at 11-13 w
Fetal crown-rump length 68.6 mm
Nuchal translucency 1.5 mm
Fetal heart rate 166 bpm

Risks from history only
Trisomy 21: 1 in 909
Trisomy 18: 1 in 2500

Risks from history plus NT, FHR

Trisomy 21: 1 in 3333
Trisomy 18: 1 in 10000
Trisomy 13: 1 in 10000

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.