

(2) Mrs. Khushbu Jain

Age - 30 Y / F

Double Marker

DOB - 6/04/1993

LMP - 19/02/2024

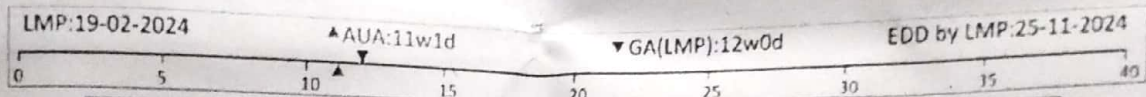
Height - 5'3"

Weight - 77.2 kg

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Patient Name: KHUSHBU JAIN	Date: 13/05/2024
Patient Id: 5853	Age/Sex: 30 Years / Female
Ref Phy: DR. MANASHI GULATI	

OBSTETRIC NT SCAN



Dating	LMP	GA		EDD
		Weeks	Days	
By LMP	LMP: 19/02/2024	12	0	25/11/2024
By USG		11	1	01/12/2024

AGREED DATING IS (BASED ON LMP)

There is a single gestation sac in uterus with a single fetus within it.

The fetal cardiac activities are well seen.

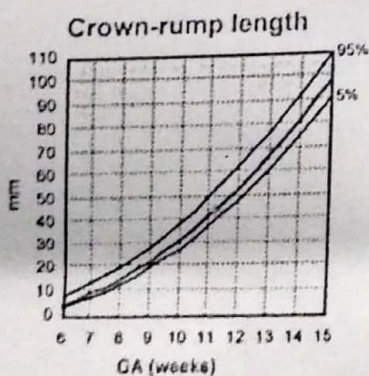
Chorion frondosum/Placenta is global in nature.

Amniotic Fluid: Normal

Internal os is closed and length of cervix is normal.

The embryonal growth parameters are as follow :

	mm	weeks	days
Crown Rump Length	44.2	11	1
Heart Rate	166 Beats Per Minute.		
The Embryo attains 40 weeks of age on	01/12/2024		
Nuchal Translucency	1.6 mm		
Nasal Bone	SEEN		
Hands, Limbs, Nasal Triangle Integrity, Bladder, Stomach & Umbilical Arteries	Seen		
Ductus Venosus Waveform	Normal waveform Pattern		



First trimester: Pre Ultrasound Maternal age risk for Trisomy21 is 1 in

- CT SCAN
- COLOR DOPPLER
- HOME COLLECTION CLINIC
- FNAC & BIOPSY
- DIGITAL X-RAY
- 4D SONOGRAPHY
- HIGH-TECH LAB
- ECG

Infront of Krishi Upaj Mandi, Ganj Para, Balod (C.G.)

7061241805, 7724012340 omsaldiagnostic.researchcenter@gmail.com



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CONCLUSION:-

- SINGLE LIVE INTRAUTERINE FETUS OF 11 WEEKS 1 DAYS IS PRESENT.
- PLEASE CORRELATE WITH DUAL/TRIPLE MARKER TEST.

Advice:- Suggested Anomaly scan at 19 weeks: 07/07/2024 \pm 2 days

Please note that all anomalies can not be detected all the times due to various technical and circumstantial reasons like gestation period, fetal position, quantity of liquor etc. The present study can not completely confirm presence or absence of any or all the congenital anomalies in the fetus which may be detected on post natal period. Growth parameters mentioned herein are based on International Data and may vary from Indian standards. Date of delivery (at 40 weeks) is calculated as per the present sonographic growth of fetus and may not correspond with period of gestation by L.M.P. or by actual date of delivery. As with any other diagnostic modality, the present study should be correlated with clinical features for proper management. Except in cases of Fetal Demise or Missed Abortion, sonography at 20-22 weeks should always be advised for better fetal evaluation and also for base line study for future reference.

I, CONSULTANT RADIOLOGIST, declare that while conducting sonography on KHUSHBU JAIN (name of pregnant woman), I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

CONSULTANT RADIOLOGIST.,

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✉ amsdiagnosticresearchcenter@gmail.com