



Patient Name: POOJA VIJAY BACHATE	Date: 22/05/2024
Patient Id: 5729	Age/Sex: 24 Years / FEMALE
Ref Phy: DR. A S NAVANDAR MAM	Address :

**OBSTETRIC EARLY DETAILED SCAN (NT PROFILE)**

LMP:22-02-2024		▲AUA:12w4d		▼GA(LMP):12w6d		EDD by LMP:28-11-2024											
0		5		10		15		20		25		30		35		40	
Dating		LMP		GA				EDD									
				Weeks		Days											
By LMP		LMP: 22/02/2024		12		6		28/11/2024									
By USG		24/02/2024		12		4		30/11/2024									
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.

Placenta is **posterior** in nature.

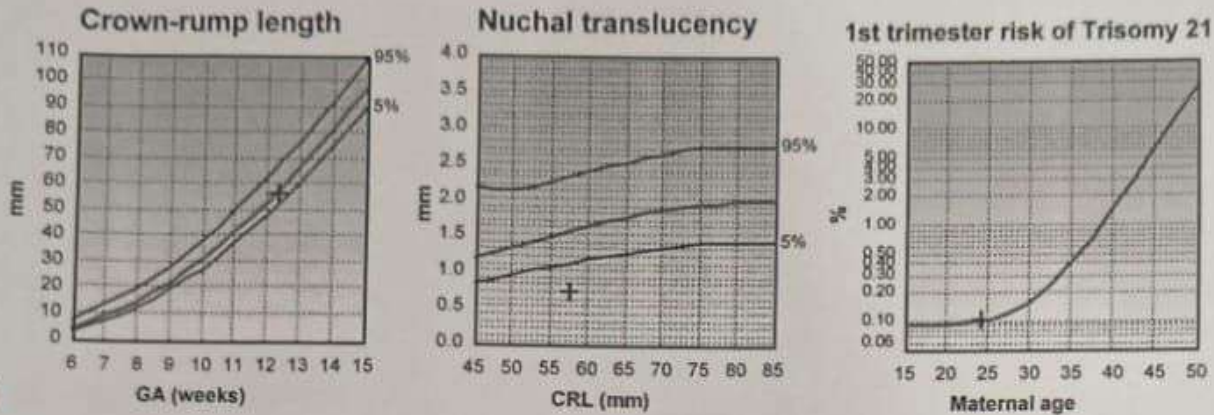
**AMNIOTIC FLUID** : Adequate

Internal os is closed and length of cervix is **32.7 mm**.

The embryonal growth parameters are as follow :

	mm	Weeks	Days
Crown Rump Length :	57.4	12	2
Biparietal Diameter :	20	13	1
Head Circumference :	72.5	13	0
Abdominal Circumference	52.1	12	1
Femoral Length	7.5	12	2
Heart Rate :	165 Beats Per Minute.		
Nuchal Translucency	0.7 mm 7%		
Nasal Bone	<b>SEEN</b>		
Hands, Limbs, Nasal Triangle Integrity, Bladder, Stomach & Umbilical Arteries	Seen		
Ductus Venosus Waveform	Normal waveform Pattern		

Vessels	S/D	RI	PI	PI Percentile	Remarks
Right Uterine Artery	17.11	0.94	2.73	99.01% 	
Left Uterine Artery	15.58	0.94	3.31	99.98% 	
Uterine Arteries Mean PI =			3.02	99.83% 	Pathological
Ductus venosus	1.14	0.12	0.85		PSV=-28.08 Normal waveform Pattern



First trimester: Pre Ultrasound Maternal age risk for Trisomy 21 is 1 in 984

Fetus	Risk estimate – NT
A	1 in 5788

#### CONCLUSION:

- SINGLE LIVE INTRAUTERINE FETUS OF 12 WEEKS 4 DAYS IS PRESENT.
- HIGH MEAN PI VALUE OF UTERINE ARTERIES (>95<sup>TH</sup> %TILE) – S/O INCREASED RISK OF PRE-ECLAMPSIA/GROWTH RESTRICTION.
- PLEASE CORRELATE WITH DUAL/TRIPLE MARKER TEST.

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, DR. AMEY JAJU declare that while conducting sonography on POOJA VIJAY BACHATE (name of pregnant woman), I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

DR. AMEY JAJU, MBBS, DNB (RADIOLOGY)  
Fellow in MSK Imaging  
CONSULTANT RADIOLOGIST

REQUEST FOR OBSTETRIC USG ON YOUR LETTER HEAD IS MANDATORY (PCPNDT ACT). PLEASE COMPLY.