



ULTRA SONO CENTRE

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Reg. No. 7272

Concurred

8 June 2024

PATIENT'S NAME: MRS SAPNA AGE/SEX: 30 Y/F
REF:-DR.MINOO SHUKLA, M.S.
LMP: 10/3/24 EDD: 17/12/24

1st Trimester anomaly scan (NT NB SCAN):

ULTRASONOGRAPHIC OBSERVATIONS:

- Single gestational sac is seen in the uterine cavity with live fetal embryo seen within with cardiac activity on m.mode-regular.FHR:162bpm.
- Normal Embryonic movements noted.
- CRL measures 54 mm,corresponding with 12 weeks gestation.
- Chorionic tissue /Developing Placenta lies low.
- Liquor is adequate.
- IO is closed.Cx.length: 40 mm.
- Both adnexa normal.Both Ovaries normal in size and echotexture.POD is free.
- An Intramural hypoechoic myoma of 44mmx39mm is seen on Right lower wall of Uterus.

SOFT TISSUE MARKERS:

The nuchal translucency measured in midsagittal plane is 1.2mm(Within normal limits).

The nasal bone appears ossified .

The ductus venosus spectral pattern is normal with no reversal of A wave.

FETAL STRUCTURES:

Head/Spine:The falx is wellvisualised and is in midline. Fetal spine seen as two line at this stage.

Thorax:The heart is central in thoracic cavity.

Abdomen: The cord insertion is anterior abdominal wall is well seen.Stomach is noted in abdomen.Urinary bladder is visualised.

Visualized upper limbs and lower limbs are normal bilaterally.

UTERINE ARTERY SCREENING DOPPLER:

The Uterine artery mean PI is 2.16 (90th centile) Bilateral Early diastolic notch noted.

Indication of Early Onset Pre-eclampsia and FGR at the time of examination.

IMPRESSION: Single live fetal embryo of 12 weeks \pm 1 week is seen in the uterine cavity.

ADV:Biochemical screening with double marker and Targeted Fetal anomaly scan at 20 weeks.

DECLARATION OF THE DOCTOR CONDUCTING ULTRASONOGRAPHY:-

I,Dr.Anuradha Dafal while doing ultrasound on SAPNA have neither detected nor declared sex of the fetus to anybody in any manner.

SAVE THE GIRL CHILD

Note:All anomalies cannot be ruled out by this scan since assessment of fetal anomalies depend on various factors.USG markers for screening of chromosomal anomaly may not always be evident and as such their absence may not totally rule out presence of fetal chromosomal anomaly.This report is meant only to assist a medical practitioner because of limitations of ultrasound.This report does not include 2 D echo of fetal heart.

Report is for medical purpose only ,not for medico legal purpose.

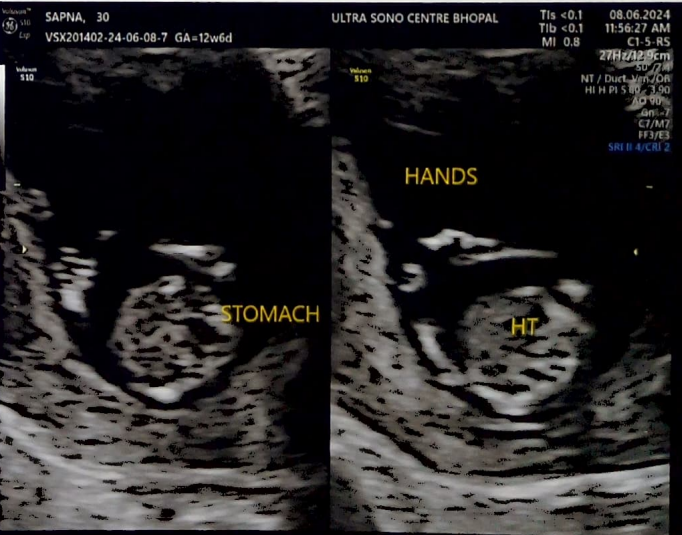
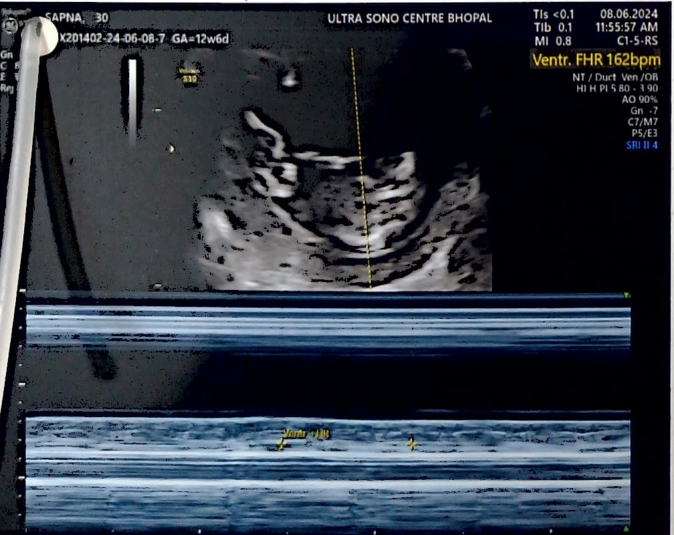
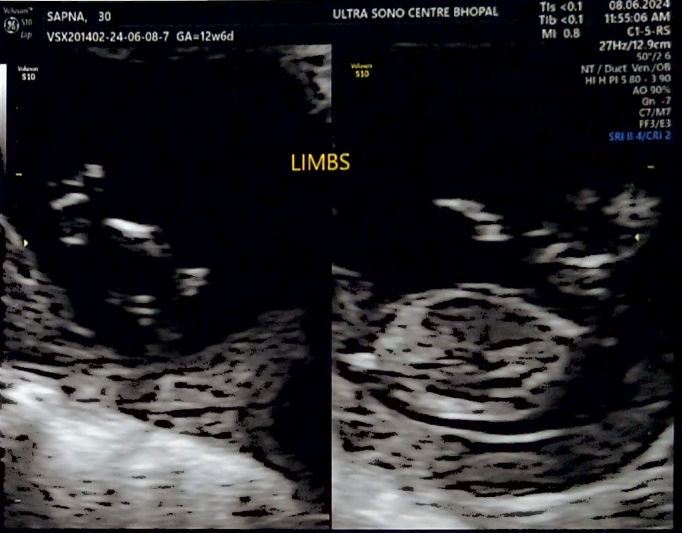
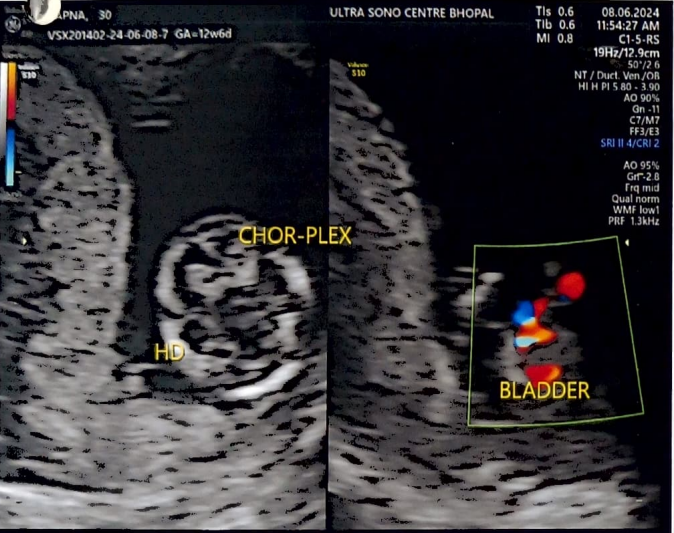
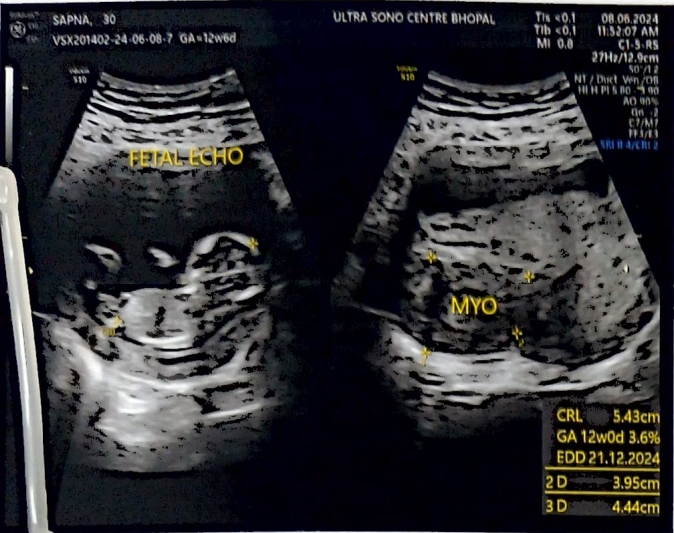
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