



NIMISHKA X-RAY, SONOGRAPHY & COLOUR DOPPLER CENTRE

Dr. (Mrs.) Kshama Shende (Bahile)

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Beside Tuli Inox,

Indora Square,

NAGPUR - 440 017

Name	: Mrs. Priyanka Shahu	Date	: 03/07/2024
Ref. By	: Dr. Asha. S. Ramtani, MD	Age / Sex	: 33 / F
Patient ID	: 0307202414		

OBSTETRIC SONOGRAPHY (NT SCAN)

LMP : 27-03-2024 = 14 wks .

EDD : 01-01-2025

There is a single, live, intrauterine fetus with changing lie.

Fetal cardiac activity regular ,FHR - 154 b/min

Liquor is adequate for GA.

Placenta is located on posterior wall. Cervix - 3.5 cm. Internal os is closed.

Fetal movements well appreciated.

Nasal bone is normal. Ductus venosus shows normal flow. No e/o tricuspid regurgitation.

Right uterine A PI -- 0.81; Left uterine A PI -- 0.67; Mean uterine A PI -- 0.74

FETAL PARAMETERS :

B.P.D. : 28.6 mm = 15 weeks 1 day.

Femur : 14.2 mm = 14 weeks 1 day.

Head Circumference : 107.3 mm = 15 weeks 1 day.

Abdominal Circumference : 96.0 mm = 15 weeks 5 days.

CRL : 94.8 mm = 15 weeks 2 days.

Avg .GA(US) = 15 weeks 1 day.

EDD : 01-01-2025

Estimated Foetal Weight : 111 +/- 17 gms.

EVALUATION OF FETAL ANOMALIES;

HEAD: Falx is central in position.

SPINE: spine is seen as two echogenic lines at this stage.

THORAX: Heart is central in position. Normal cardiac situs. No space occupying lesion in thorax. No e/o pleural or pericardial effusion.

ABDOMEN: Abdominal situs normal. Bladder and stomach bubble are normal. No e/o fetal ascitis. Abdominal wall intact. Insertion of cord on abdominal wall is normal.

EXTRIMITIES: All fetal long bones visualised. No abnormality seen.

Three vesseled cord seen

IMPRESSION : SINGLE, LIVE, NORMAL, INTRAUTERINE GESTATION OF 15 WKS 1 DAY.

ADV : Anomaly scan at 20-22 weeks

I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF FETUS TO ANYBODY IN ANY MANNER

Kshama
Dr. Kshama Shende ,DMRD

PLEASE NOTE

- This investigation has been done as per the request of the referring doctor.
- Sex of the fetus is not disclosed or mentioned to anybody in any manner.
- It must be noted that detailed fetal anatomy may not always be visible due to technical difficulties related to fetal position, amniotic fluid volume , fetal movemnts and maternal abdominal wall thickness.
- Basic evaluation of the heart is done in this examination. Fetal echo is not a part of this study and should be done around 23-24 weeks when visualisation of heart is better.
- Furthermore all fetal anomalies may not necessarily be detected at every examination.
- All measurements including fetal weight are subject to statistical variations.
- In case of disparity between report and clinical evaluation , second opinion is advisable before commencing the final treatment.

This document is not for medico-legal purpose.