

Name	MRS. VAISHALI VIJAYKUMAR SONAWANE	Age/Sex	32 YEARS/F
Ref By	Dr. LAHAMAGE KAMLESH	Date	30 Jul 2024

Thanks for the referral

OBSTETRIC ULTRASONOGRAPHY
FOR NT /FIRST TRIMESTER MARKERS

Uterus is anteverted and gravid, contains single intrauterine gestational sac with good trophoblastic rim.

There is seen a single intrauterine live fetus with variable presentation.

Fetal cardiac activity & movements appeared normal. ✓

FHR:	179 bpm	✓
Placenta:	Anterior, dipping 2cm away from Internal OS. Grade 0.	✓
	No retroplacental clot seen.	
Cervix= 3.5cm	Internal OS closed.	✓

LMP= 16.03.2024

GA (LMP) = 19 wks 3 days

EDD (LMP)= 21.12.2024

Fetal biometry:

	(cm)	(wks)	(days)
BPD	2.2	13	5
FL	0.9	12	6
CRL	6.7	13	0
AGA by USG=	13 wks 1 days		EDD= 03.02.2025

Genetic marker assessment:

Nuchal translucency measures	= 1.4mm	Normal
Nasal bone	Seen (2.4mm)	Normal
Maxillary bone	Seen (9.4mm)	Normal
Reversal in Ductus venosus	Not seen	Normal
Tricuspid regurgitation	Not seen	Normal
Hyperechoic bowel	Not seen	Normal

	PSV	EDV	S/D	PI	RI	Remarks
Maternal right uterine artery	65	12	5.1	1.9	0.8	Early diastolic notch seen (can resolve after 22wks GA).
Maternal left uterine artery	53	5	9.4	2.6	0.9	Early diastolic notch seen (can resolve after 22wks GA).

Abnormal uterine artery notch + doppler impedance (PI more than 95th percentile, >1.5) has increased risk of early preeclampsia, placental abruption, fetal IUGR, fetal demise.

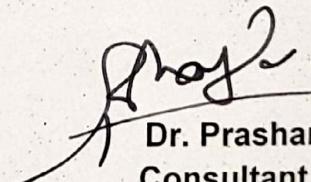
IMPRESSION:

The first USG (date: 09.07.2024) the GA is 10 wks 1 days and EDD 03.02.2025

- PRESENT USG shows single intrauterine live fetus with variable presentation of 13 wks 1 days size.
- NT measures = 1.4mm Nasal bone seen.
- Fetal interval growth within normal limits.

Adv: follow up scan at 18-22 wks (02.09.2024 to 30.09.2024) to assess DETAILED FETAL CONGENITAL ANOMALIES.

I, Prashant D Patil declare that I have neither detected nor disclosed the sex of the fetus to MRS. VAISHALI VIJAYKUMAR SONAWANE or to anybody.



Dr. Prashant Dilip Patil
Consultant Radiologist
2004/07/2609

PATIENT / RELATIVE CONSENT about LIMITATIONS OF OBSTETRIC SCANNING: Although a structural screening scan is undertaken, detection of major structural anomalies will never be 100%. Detection rates vary and may be reduced by factors like maternal obesity, abdominal wall thickness, gestational age, inappropriate fetal position and reduced amniotic fluid volume. All anomalies cannot be ruled out completely in a single scan due to developing stage of fetus (e.g. spine, heart, bone mineralization, bowel) and also late evolving anomalies. Minimum two serial anomaly scans with an interval of 4 weeks are necessary to exclude progressive anomalies if any.

I, MRS. VAISHALI VIJAYKUMAR SONAWANE consent to correlate my USG reports with all Biochemical markers, more specific TIFFA ANOMALY scan and FOLLOW UP WITH MONTHLY USG's even if present reports are normal. (महावाल सामान्यांसले तरीही वायोकेमिकल मार्करशी, अधिक विशिष्ट TIFFA ANOMALY स्कॅनशी सहसंबंध व मासिक सोनोग्राफीसह पाठपुरावा असणे आवश्यक आहे).

Patient / Relative Signature

