

Name : **MRS. KANCHAN ROSHAN AKOTKAR**
 Ref By : **Dr.PRAJAKTA BAND**

Age/Sex : **24 YEARS/F**
 Date : **21 Aug 2024**

NT SCAN

LMP: 23 May 2024 (12w6d)

EDD (LMP): 27 Feb 2025

There are two separate fetuses seen in single gestational sac .separating membrane visualized. Lambda sign and Separate placenta noted along the posterior wall of uterus suggest likely diamniotic dichorionic twin live intrauterine fetus, in variable presentation.

Both fetus show cardiac activity and fetal movements.

FETUS A

CRL measures 6.83 cm correspond to 13w1d.

Cardiac activity / fetal movements present (Fetal Heart Rate- 159 bpm)

Placenta is Posterior.

NT measure 1.2 mm. Nasal bone seen.

Single umbilical artery cord (SUA cord) noted.

Subcutaneous tissue appears normal. Ductus venosus flow appears normal.

FETUS B

CRL measures 6.81 cm correspond to 13w1d.

Cardiac activity / fetal movements present (Fetal Heart Rate- 158 bpm)

Placenta is posterior.

NT measure 1.3 mm. Nasal bone seen.

Subcutaneous tissue appears normal. Ductus venosus flow appears normal.

Cervical length- 3.1 cm. Internal os is closed.

Liquor adequate

Average GA: 13w1d +/- 1 wk 1 d.

EDD: 23/09/2022

IMPRESSION:

- **Diamniotic dichorionic twin live, Intrauterine pregnancy of 13w1d +/- 1 week gestational age.**
- **NT measure 1.2 mm (fetus A) and 1.3 mm (fetus B). Please correlate with double markers.**
- **Single umbilical artery cord (SUA cord) in fetus A.**

Suggest; follow up for anomaly scan at 18 to 20 weeks.

I, Dr. Nilesh M. Aswar declare that while conducting Ultrasonography on **MRS. KANCHAN ROSHAN AKOTKAR**, I have neither detected nor disclosed the sex of her fetus to anybody in any manner



Dr. Nilesh M. Aswar

MBBS, DMRE (Consultant Radiologist)

Please correlate the findings with clinical examination, history & blood investigations.

Please note: All measurements including fetal weight are subject to statistical variation.

Also not all anomalies are accurately detected on USG at every examination due to fetal mobility and frequent positional change.1. This report is only a professional opinion based on the real time image findings and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings. We do not communicate the sex of the fetus to patient or her relatives in any form.