

9/9/24

① Mrs. Hiteshwar

Age - 30 y/f

Double Marker

DOB - 27/7/1994

LMP - 2/6/2024

Height - 5'1"

Weight - 60.0 kg



Life Care

SCAN & RESEARCH CENTRE
DIAGNOSTIC CENTRE

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Reg. No : 080924/137
NAME: MRS. HITESHWARI

TEST REPORT

AGE: 30 YEARS

Date: 08.09.2024
SEX: F

REF. BY: DR. MANASI GULATI - DGO

TYPED BY - RV

ULTRASONOGRAPHY OF GRAVID UTERUS (NT SCAN)

- ❖ Single live intrauterine fetus with changing lie & unstable presentation is seen at the time of examination.
- ❖ CRL measures 6.19 cm corresponds to 12 weeks 04 day.
- ❖ BPD measures 1.67 cm corresponds to 12 weeks 03 day.
- ❖ Foetal cardiac activity is noted. Foetal heart rate 161 b/min.
- ❖ Nuchal translucency- 1.3 mm.
- ❖ Intra-cranial translucency- 1.7 mm.
- ❖ Nasal bone (2.5 mm), Tricuspid flow: within normal limits.
- ❖ Ductus venosus flow is normal.
- ❖ Placenta: Anterior wall, mid and lower uterine segment 1.6 cm away from internal os. Grade- I maturity.
- ❖ OS closed.
- ❖ Both ovaries appear normal in size and echotexture.
- ❖ Cervical length 3.9 cm.
- ❖ Urinary bladder shows normal uniform wall thickness with smooth inner margin.
- ❖ Right UTA
 - Pulsatility index - 1.0
- ❖ Left UTA
 - Pulsatility index - 1.6
 - Mean PI percentile - 1.3
 - Result - Normal

P.T.O.

TEST REPORT

NAME: MRS. HITESHWARI

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SEX: F

IMPRESSION:

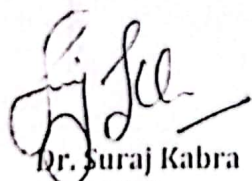
- Single intrauterine gestational sac with single live fetus with heart activity seen at the time of examination with gestational age of 12 weeks 04 days.
- Expected date of delivery by ultrasound: 19.03.2025 +/- 10 days.
- According to last scan EDD present scan shows normal interval growth.
- Uterine artery screen negative for PIH.
- Measured nuchal translucency (1.3 mm) is 26th percentile for present CRL.

Suggest:- Follow up anomaly scan at 19-21 weeks. Correlation with biochemical markers.

DECLARATION:- I Dr. Suraj kabra: Declare that while conducting USG, I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

All measurement including estimated fetal weight are subject to statistical variations.

Thanks for the reference,
With regards,



Dr. Girish Verma
M.D., D.M.R.D.
Consultant Radiologist

Dr. Suraj Kabra
MBBS, D.N.B.
Consultant Radiologist

Dr. Abhishek Das
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MBBS, MD
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These reports are for assisting doctors, physicians in their treatment and not for medico legal purpose and should be related clinically.

Investigation/Radiological impression are merely opinion and the final diagnosis as they are based on available auto generated imaging finding. These opinions should be correlated with findings a review of further evaluation may be sought whenever considered appropriate.
It is presumed that the specimen belongs to the patient named in the test request form. 2 A test request might not be performed for following reasons: a. Insufficient Specimen quality b. Unacceptable Specimen quality c. Incorrect test name d. Total cancelled without an opinion of patient or doctor, or because of incorrect code, test name or specimen required. It is expected that a fresh specimen will be sent for the purpose of reporting on the same parameters, if required.