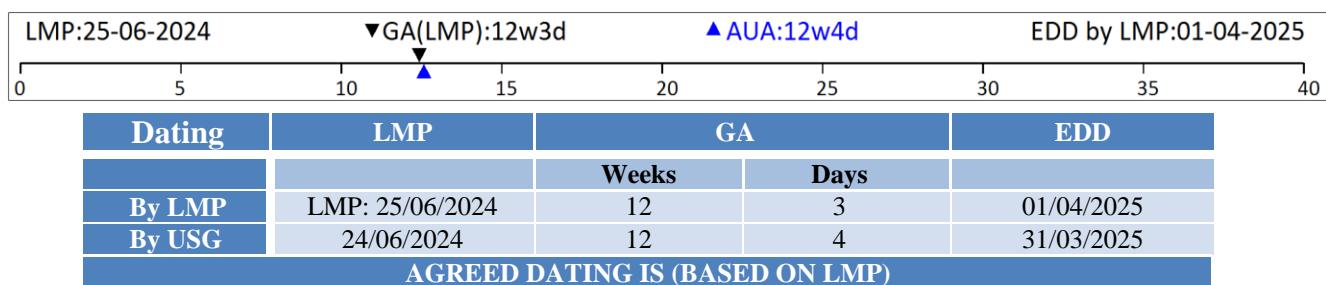


Patient Name: SHEETAL SANKET KOPARDE	Age/Sex: 26 Years / FEMALE
Ref Phy: DR. PRUTHVIRAJ PAWAR	Date: 20/09/2024

OBSTETRIC NT-NB SCAN



There is a single gestation sac in uterus with a single fetus within it.

The fetal cardiac activities are well seen.

Chorion frondosum/Placenta is forming **posterior** in nature.

AMNIOTIC FLUID : Normal

Internal os is closed and length of cervix is normal **-3.8 cm.**

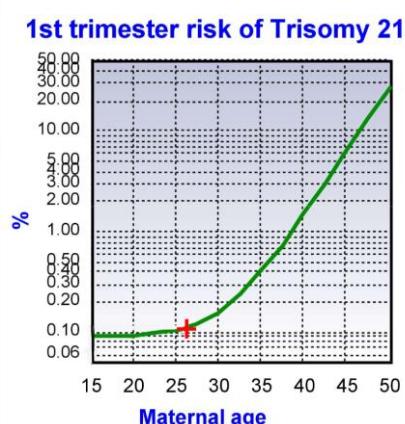
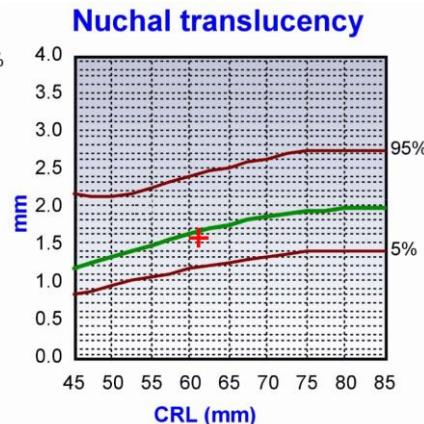
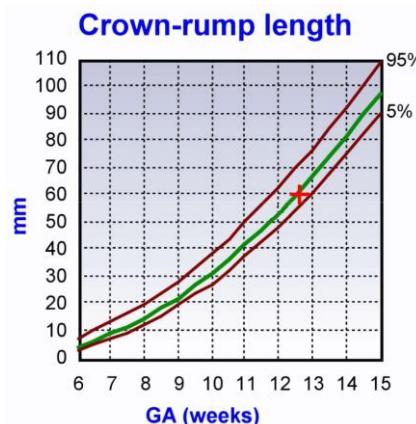
The embryonal growth parameters are as follow :

	mm	Weeks	Days
Crown Rump Length :	60.9	12	4
Heart Rate :	150 Beats Per Minute.		
The Embryo attains 40 weeks of age on :		31/03/2025	
Nuchal Translucency	1.6 mm 47%	+  +	
Nasal Bone	3.1 mm 58.7%	+  +	
All four Limbs, Orbita, Bladder, Stomach & Choroid Plexus			Seen
Ductus Venosus Waveform	Normal waveform Pattern		

Vessels	S/D	RI	PI	PI Percentile	Remarks
Right Uterine Artery	3.78	0.74	1.62	47.6%	No early Diastolic notch seen
Left Uterine Artery	2.96	0.66	1.46	29.8%	No early Diastolic notch seen

Ductus
venosus

PSV = 40 cm/s, Normal
waveform Pattern



First trimester: Pre Ultrasound Maternal age risk for Trisomy21 is **1 in 885**

T21 Risk	
From – NT	1 in 3161

CONCLUSION:

- SINGLE LIVE INTRAUTERINE FETUS OF 12 WEEKS 4 DAYS IS PRESENT.**
- PLEASE CORRELATE WITH DUAL/TRIPLE MARKER TEST.**

Suggested Anomaly scan at 19-20 weeks: 16/11/2024 ± 2 days

Please note that all anomalies can not be detected all the times due to various technical and circumstantial reasons like gestation period, fetal position, quantity of liquor etc. The present study can not completely confirm presence or absence of any or all the congenital anomalies in the fetus which may be detected on post natal period. Growth parameters mentioned herein are based on International Data and may vary from Indian standards. Date of delivery (at 40 weeks) is calculated as per the present sonographic growth of fetus and may not correspond with period of gestation by L.M.P. or by actual date of delivery. As with any other diagnostic modality, the present study should be correlated with clinical features for proper management. Except in cases of Fetal Demise or Missed Abortion, sonography at 20-22 weeks should always be advised for better fetal evaluation and also for base line study for future reference.

I, DR SWAPNIL INGOLE declare that while conducting sonography on SHEETAL SANKET KOPARDE (name of pregnant woman), I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

Dr SWAPNIL INGOLE

MBBS, MD RADIOLOGY

REQUEST FOR OBSTETRIC USG ON YOUR LETTER HEAD IS MANDATORY (PCPNDT ACT). PLEASE COMPLY.