



DAFFODILS

Daryav Fertility, Foetal Care and Day-Care Institute of Laparo-Scopy

tender loving care....

DR. JAGRUTI B. MURKEY

DNB (Obs & Gyn), DGO, FCPS, DFP, MBBS (Mumbai)
2 yrs Fellowship in Fetal Medicine (Mediscan Chennai)

Ex. Consultant in Mediscan (Chennai)

Certified for NT Scan by FME, London, UK

Patient name	Mrs. SALEHA ANJUM AHMAD FIROZ	Age/Sex	27 Years / Female
Patient ID	D23217	Visit No	1
Referred by	Dr. KARUNA MURKEY	Visit Date	18/10/2024
LMP Date	10/06/2024	LMP EDD: 17/03/2025[18W 4D] C-EDD: 18/04/2025[14W]	

OB - 2/3 Trimester Scan Report

Indication(s)

FIRST TRIMESTER NUCHAL TRANSLUCENCY AND ANOMALY SCAN

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Maternal

Cervix measured 3.10 cms in length.

Right uterine PI : 2.

Left uterine PI : 2.44.

Mean PI : 2.22 (94%ile)

Fetus

Survey

Placenta : Anterior
Liquor : Normal
Umbilical cord : Two arteries and one vein
Fetal activity : Fetal activity present
Cardiac activity : Cardiac activity present
Fetal heart rate - 142 bpm

Biometry(Mediscan,Hadlock)

BPD 25 mm 14W	HC 92.71 mm 13W 5D	AC 75.43 mm 14W 1D	FL 13 mm 13W 5D
5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%

CRL - 83 mm(14W)

Aneuploidy Markers

Nasal Bone : seen

Nuchal translucency : 1.7 mm Normal.

Ductus venosus : normal flow.

Tricuspid regurgitation : No evidence of tricuspid regurgitation..



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Mrs. SALEHA ANJUM AHMAD FIROZ / D23217 / 18/10/2024 / Visit No 1

Fetal Anatomy

Head: normal, Neck: normal, Spine: normal, Face: normal, Thorax: normal, Heart: normal, Abdomen: normal, KUB: normal, Extremities: normal

Head :Both lateral ventricles seen. Intracranial translucency appeared normal.

Face :Orbits and Premaxillary triangle seen

Heart :Heart - Two inflows and outflows imaged in colour.

Impression

INTRAUTERINE GESTATION CORRESPONDING TO A GESTATIONAL AGE OF 14 WEEKS

GESTATIONAL AGE ASSIGNED AS PER BIOMETRY (CRL)

MENSTRUAL AGE 18 WEEKS 4 DAYS

CORRECTED EDD 18-04-2025

PLACENTA - ANTERIOR

LIQUOR - NORMAL

MATERNAL - BILATERAL MEAN UTERINE ARTERY DOPPLER SHOWS HIGH RESISTANCE TO FLOW
- (PI >90 %tile) S/O increased risk of fetal growth restriction and / or preterm pre eclampsia.

SUGGESTED

1. COMBINED FIRST TRIMESTER SCREENING FOR DOWNS SYNDROME.(Blood test cut off CRL 84mm)
 2. KINDLY CONSIDER STARTING LOW DOSE ASPIRIN IN VIEW OF INCREASED UTERINE ARTERY PI. (150 mg as per new ASPRE trial)
 3. DETAILED ANOMALY SCAN AT 20 WEEKS.
- (Please bring referral letter.)

Note - Nuchal translucency NT was measured as per FMF (Fetal Medicine Foundation U.K.) Guidelines.

I Mrs. Saleha Anjum declare that while undergoing Ultrasonography, I do not want to know the sex of my fetus.

DECLARATION - I declare that while conducting ultrasonography / image scanning, I have neither detected nor disclosed the sex of the fetus to anybody in any manner. All congenital anomalies and genetic conditions may not be detected on ultrasonography due to limitations like fetal position, amount of liquor, previous scars, Small VSDs, late appearance of few anomalies, TO fistula and structures that are not part of routine imaging protocol. Detailed fetal echo not included in this scan.

Husband Ling

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