Antarang Sonography & Colour Doppler Centre

'Antarang', 20, Tilaknagar, Near Sawarkar Chowk, Darga Road, Aurangabad - 431 005.
Mobile : 9764189479, 9022189479

Facilities Available
- Abdominal & Pelvic Sonography
- Transvaginal Sonography
- 1st and 2nd trimester Anomaly Scan
- Growth Scans & Colour Doppler
- USG of Thyroid & Breast
- Colour Doppler : Obstetrics, Renal & Peripheral Vessels

Dr. Shilpa Satarkar
M. D. (Radiology)
Consultant Sonologist
Foetal Medicine Specialist
Regd. No. 70925
Foetal Medicine Foundation (UK) ID 175107

Patient name	Mrs. MASARAT AKHIL AHMED MOOSA	Age/Sex	34 Years / Femal
Patient ID	E82371-24-10-22-3 / 140571024118	Visit no	1
Referred by	Dr. Reshma Khan MD	Visit date	22/10/2024
LMP date	17/07/2024, LMP EDD: 23/04/2025 | C-EDD: 21/04/2025		

OB - First Trimester Scan Report

LMP : 17 / 06 / 2024 **GEST. AGE BY LMP: 13 Wks 6 Days**

Route: Transabdominal and Transvaginal

Single intrauterine gestation

Maternal

Cervix measured 4.70 cm in length.

Internal os is closed.

Right Uterine	1.72	(65%)
Left Uterine	1.13	(18%)
Mean PI	1.425	(45%)

Fetus

Survey

Placenta posterior ,18 mm from os.

Liquor - Adequate

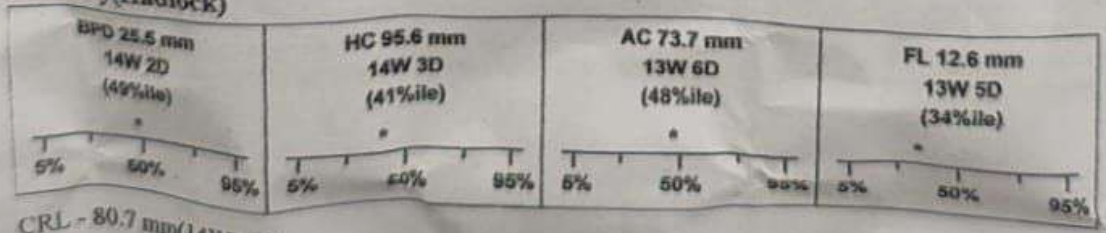
Umbilical cord - Three vessel cord seen

Fetal activity present

Cardiac activity present

Fetal heart rate - 149 bpm

Biometry(Hadlock)



CRL - 80.7 mm(14W 1D)

IT - 1.5 mm

Aneuploidy Markers

Nasal Bone : Seen

Nuchal translucency : 2.2 mm Normal.

Ductus venosus : No " A " wave reversal.

Tricuspid regurgitation : No TR.

Satarkar

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Mrs. MASARAT AKHIL AHMED MOOSA / E82371-24-10-22-3 / 22/10/2024 / Visit No 1

Fetal Anatomy

BRAIN:

Skull --seen .Normal and smooth. Midline falx -- seen. Normal Choroid Plexus--seen. Normal

No identifiable intracranial lesion.

NECK: No cystic lesion noted around neck.

SPINE :- Developing spine seen well.

FACE:

Orbits seen Facial triangle seen.

HEART:

Rate & rythm is normal.Cardiac situs --- Normal. 4 chamber view is seen.

ABDOMEN:

Stomach shadow seen.Urinary bladder seen. Abdominal situs is normal.

Both kidneys and bladder appeared normal.

LIMBS

Upper limbs three segments and movements seen.

Lower limbs three segments and movements seen.

Impression

A single live intrauterine foetus of 14 wks 1 days by CRL.

Placenta posterior ,18 mm from os.

Risk of Trisomy 21 is (1: 1003) Screen negative

Risk of preeclampsia (1: 133) (FMF) Screen positive for preeclampsia

Risk of FGR (1: 222)(FMF)

Agreed EDD is assigned as per LMP and is 23 / 04 / 2025

Recommendation (By fetal medicine foundation)

The risk of preeclampsia was assessed by a combination of maternal characteristics and medical history with measurements of blood pressure and blood flow to the uterus.

On the basis of this assessment the patient has been classified as being at increased risk for developing PE before 37 weeks. The ASPRE trial has shown that in such women use of low dose aspirin (150mg/night) from now until 36 weeks reduces the incidence of PE before 32 weeks by about 90% and PE before 37 weeks by 60%

Suggested combined screening

Suggested Anomaly scan at 19- 20 wks.

Disclaimer

I have neither detected nor disclosed the sex of foetus to anybody in any form.

With regards.

Dr. SHILPA SATARKAR

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CURE WITH CARE
International Hospital

24/10/24

Dr. Reshma Nikhat Khan
M.D.(OBGY), Fellowship Infertility (Singapore)
Dip. in Pelvic Endoscopy (Germany)
Consultant Obstetrician & Gynaecologist
& Infertility Specialist
Co-Director International Hospital, Chattrapati Sambhajinagar
MMC Reg. No. 65866

Masarat Mooga

A-34 YRS

NT Scan 22/10 – 2.2 mm

CRL – 80.7 MM

For

Double Marker Test

Dr. Motiwala Nagar, Central Naka Road, Chh. Sambhajinagar-431 001 (M.S.) Ph.: 0240-3554594, 7875315159, 8669901470
contact@internationalhopitals.in / hospital.in / internationalhospital@gmail.com www.internationalhospitals.in

Date of Birth – 25/10/1990

Weight – 63 kg. LMP – 17/06/2024

Hight – 5 fit – 3 inch.