SHRIRAM
DIAGNOSTIC CENTER
SONOGRAPHY, DIGITAL X RAY & CT SCAN

Dr. Ankush N. Balki
MBBS, DMRE (Radiology)
Life member IRIA, SFM member
Reg. No. 2010/05/0772
ScholarMD
Specially trained
in fetal medicine

atient name	Mrs. SHRADDHA ANIKET PURADKAR	Age/Sex	31 Years / Female
atient ID	34061920241025	Visit no	1
eferred by	Dr. Summaiya Sheikh madam , MBBS DGO	Visit date	25/10/2024
MP date	09/07/2024, LMP EDD: 15/04/2025[15W 3D] | C-EDD: 08/05/2025[12W 1D]		

OB - First Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal and Transvaginal

Single intrauterine gestation

Maternal

Cervix measured 3.25 cm in length.

Right Uterine	2.19	(78%)
Left Uterine	2.48	(92%)
Mean PI	2.325	(85%)

Fetus

Survey

Placenta	: Forming anteriorly
Liquor	: Lower limit of normal
Umbilical cord	: Two arteries and one vein
Fetal activity	: Fetal activity present
Cardiac activity	: Cardiac activity present Fetal heart rate - 156 bpm

Biometry(Hadlock, Unit: mm)

CRL	56.43, 12W 1D	(50%)
BPD	21.3, 13W 3D	(84%)

Aneuploidy Markers (mm)

Nasal Bone	Present	
NT	1.22 Normal	(16%)
Ductus Venosus	Normal flow	

Fetal Anatomy

Head	: Skull / Brain appears normal Intracranial structures appears normal Choroid plexuses seen.
Heart	: Four chamber view and outflow tracts seen.
KUB	: Bladder appeared normal. **Follow up suggested for kidneys.**

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Mrs. SHRADDHA ANIKET PURADKAR / 34061920241025 / 25/10/2024 / Visit No 1

Impression

Intrauterine live gestation corresponding to a gestational age of 12 Weeks 1 Day
Gestational age assigned as per biometry (CRL)
Menstrual age 15 Weeks 3 Days
Corrected EDD 08-05-2025
Placenta - Forming anteriorly
Liquor - Lower limit of normal
Follow up suggested for kidneys at 15 wks in view of slightly less liquor.

Kindly correlate clinically & Suggest: detailed anomaly scan at 18-22 wks.

First trimester screening for Downs
Maternal age risk 1 in 697

Fetus	Risk estimate - NT	Risk estimate - NT + NB
A	1 in 1181	1 in 3938

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CONSULTANT RADIOLOGIST

Disclaimer

I **Dr. Ankush Narayan Balki** declare that while conducting ultrasonography/ image scanning on **Mrs. Shraddha Aniket Puradkar** I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

Thanks for Referral

- Evolving anomalies are seen at later stages of gestation and are not seen in earlier scans.
- Anomalies of small parts like ears, fingers and toes can not be detected routinely because of unfavorable position to visualised it.
- Normal looking fetal stomach bubble does not rule out esophageal atresia/Tracheo esophageal fistula.
- Minor cardiac defects like small VSDs, mild stenotic lesions, coronary artery anomalies and anomalies that evolve towards later gestation like aortic arch anomalies and those of pulmonary venous drainage may not be always identifiable antenatally.
- Anomalies resulting from one closure of physiological shunts like ASD and PDA will be evident only after birth.
- Congenital skin disorders can not be detected prenatally.
- Congenital metabolic disorders, enzyme deficiencies can not be detected on USG.
- Abnormalities in the external genital organs can not be seen and documented for legal reasons.
- Congenital dislocations of joints can be suspected only when extremities are seen in abnormal position while scanning.

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