

Patient Name	: Mrs. Bhagyashree Swapnil Gahukar	Age/Sex	: 24 Y/ Female
Ref. By	: Dr. Sumaiya Sheikh Madam	Date	: 27-Oct-24

USG REPORT – OBSTETRIC NT SCAN

LMP: 31-Jul-24

GA By LMP: 12 weeks 4 days
GA By USG: 13 weeks 1 days

EDD By LMP: 07-May-25
EDD By USG: 03-May-25

SURVEY:

- ♦ Single live intrauterine fetus with gestational parameters, CRL measures 6.87 cm corresponding to an average gestational age of 13 weeks 1 days noted.
- ♦ Placenta is developing posteriorly. Normal retroplacental complex seen. The cord insertion is central.
- ♦ Liquor is adequate.
- ♦ Internal OS is closed. Cervical length is approximately 3.9 cm.

NT (Nuchal Translucency)	2.03 mm, 67 percentile for this CRL.	NORMAL
NB (Nasal Bone)	seen	NORMAL
IT (Intracranial Translucency)	seen	NORMAL
Fetal cardiac activity-NORMAL	FHR	158 {H.B.}/min

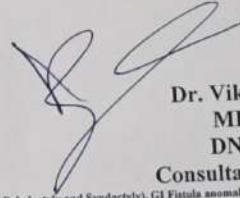
- ♦ Intracranial translucency is seen.
- ♦ Fronto-parieto-occipital ossification noted. Midline falx seen.
- ♦ Both orbits ossification noted.
- ♦ Cisterna magna is normal.
- ♦ Choroid plexus occupies majority of ventricles.
- ♦ No evidence of Ventriculomegaly.
- ♦ Nasal bone ossified.
- ♦ Ductus venous shows normal wave form.
- ♦ No evidence of tricuspid regurgitation.
- ♦ Situs solitus maintained.

- ♦ Fetal stomach bubble visualized.
- ♦ Fetal urinary bladder seen.
- ♦ Fetal extremities movement appears normal.
- ♦ Anterior abdominal wall appears normal.
- ♦ Fetal spine grossly appears normal.
- ♦ Uterine artery screening Doppler: Mean PI-1.02 (3 percentile), normal for gestation.

	Risk From History Only	Risk From History Plus NT, FHR
Trisomy 21:	1 in 909	1 in 3333
Trisomy 18:	1 in 2500	1 in 10000
Trisomy 13:	1 in 10000	1 in 10000

IMPRESSION:

- ☒ **SINGLE LIVE INTRAUTERINE FETUS CORRESPONDING TO 13 WEEKS 1 DAYS ± 10 DAYS.**
 - NUCHAL TRANSLUCENCY 2.03 mm (WITHIN NORMAL LIMITS).
 - NASAL BONE OSSIFIED.
 - DUCTUS VENOUS SHOWS NORMAL WAVE FORM.
 - NO EVIDENCE OF TRICUSPID REGURGITATION.
- ☒ Recommended a serum **DOUBLE MARKER TEST** interpolation with NT scan to improve the detection rate for chromosomal abnormality.
- ☒ Suggest targeted anomaly scan at 18-22 weeks of pregnancy.



Dr. Vikrant Bhende
MD (Radiology),
DNB (Radiology)
Consultant Radiologist

Note: Not all fetal anomalies can be diagnosed on ultrasonography. Subtle cardiac, ear, cosmetic limb appearance (E.g. Polydactyly and Syndactyly), GI Fistula anomalies, cataracts, umbilical cord knots, small dorsal dermal sinus, tongue anomalies, occult spina bifida, isolated cleft palate, 20 % of cardiac anomalies may not be detected by USG. Some anomalies appear only in later gestation. Serial scans are necessary.

I Dr. Vikrant Bhende declare that while conducting ultrasonography of Mrs. Bhagyashree Swapnil Gahukar, I have neither detected nor disclosed sex of her fetus to anybody by any manner.

- For referring Doctors any report related query & information please contact (9370437188) (Disclaimer: This report is not valid for medicolegal purpose. It is only for diagnosis & management of disease condition. In case of typographic error kindly communicate within 24 hour. Thanks for referral.