3/12/24

(1) Mrs. Jyoti Mankani

Age - 35 y/f

Double Marker

DOB - 04/10/1996

LMP - 04/9/24

Hight - 5"3"

weight - 70. kg.

Special Focus on Fetal Medicine
विधि डायग्नोस्टिक एंड रिसर्च सेंटर

Dr. Amit Modi
MBBS, DMRD, Consultant Radiologist
Certified By :
FMF-UK (Fetal Medicine Foundation)
FMF ID : 286795
Member of : International Society of Ultrasound in Obstetrics and Gynecology (ISUOG)

Dr. Vidhi Modi
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सोनोग्राफी संबंधित परामर्श हेतु
07744-299277
अन्य कंसल्टेशन हेतु
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Referred by: DR. SURABHI MOHABEY MS GYNE

Patient ID 1:
E80580-24-12-01-31
Date 01-12-2024

First Trimester Ultrasound

Patient: JYOTI MANKANI DOB:04-10-1990 (34 years)

Exam date: 01-12-2024

Indication: NT / NB/DV/TR SCAN

History — General History: Smoking: no

Maternal Assessment — Physical Exam: Height 160 cm, 5 ft 3 in. Weight 69 kg, 152 lb. BMI 26.95 kg/m². Blood pressure 90/62 mmHg
Blood Pressure Profile:
Right arm: # 1 94/60 mmHg, MAP 71.3 mmHg; # 2 98/65 mmHg, MAP 76.0 mmHg
Left arm: # 1 90/62 mmHg, MAP 71.3 mmHg; # 2 98/60 mmHg, MAP 72.7 mmHg

Fetal Growth Overview

Exam date	GA	BPD (mm)	HC (mm)	AC (mm)	FL (mm)	HL (mm)	EFW (g)
01-12-2024	13w 4d	22.7 42%		62.3 36%	9.8 18%		

Method: Transabdominal ultrasound examination, Voluson E10. View: Good view.

Pregnancy: Singleton pregnancy. Number of fetuses: 1

Dating

	Date	Details	Gest. age	EDD
LMP	04-09-2024		12 w + 4 d	11-06-2025
Conception		Conception: spontaneous		
U/S	01-12-2024	based upon BPD, CRL	13 w + 4 d	04-06-2025
Agreed dating		based on ultrasound (BPD, CRL)	13 w + 4 d	04-06-2025

General Evaluation
Cardiac activity present
Placenta: Posterior, Grade-I.
Cord vessels: 3 vessel cord.
Amniotic fluid: Amniotic band noted in upper uterine segment.

Fetal Biometry

FHR	162 bpm	74%	BPD	22.7 mm		42%
CRL	70.9 mm	30%	AC	62.3 mm		36%
NT	1.20 mm		Femur	9.8 mm		18%

Maternal Doppler
Right uterine artery:
PI 2.82 +2.8SD

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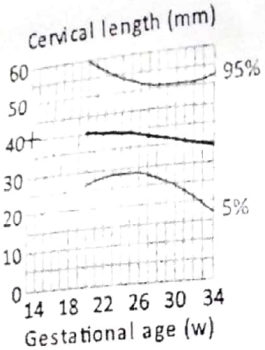

DR. AMIT MODI [MBBS/DMRD]
Certified By :
FMF-UK (Fetal Medicine Foundation)
FMF ID - 286795
For : NT, NB, DV, TR, (11-13 Week Scan),
Fetal Doppler & Preeclampsia Screening
Member Of :
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These Reports are for Assisting Doctors, Physicians in Their Treatment and not for Medico Legal Purpose and Shuld be Related Clinically. No Duplicate Reports shall be Issued.

Note: These Reports Are For Assisting Doctors/Physicians In Their Treatment And Not For Medio – Legal Purposes And Should Be Correlated Clinically. To Rule Out Congenital Anomalies Of Foetal Extremities A Level II Ultrasound Scan By 4D Ultrasound Machine Is Recommended. Not All The Congenital Anomalies Can Be Detected Sonographically.

Few Quotes For Obstetrics Ultrasound :-

- IA Normal Ultrasound Is Not A Guarantee Of A Normal Child, Many Conditions Are Missed On Ultrasound.
- On Average One Third To One Half Of Foetal Structural Birth Defects Are Not Detected With Ultrasound.
- Due Dates By Ultrasound Are Not That Exact As Measurement Are Based On Flat Image Of 3D Foetus. Accuracy:1st Trimester – One Weeks, 2nd Trimester – 2 Weeks, 3rd Trimester – 3 Weeks.
- Sonographic Estimates Are No More Accurate Than Clinical Estimates Of Foetal Weight.
- USG Has Certain Limitations, Some Fetal Anomalies Can Go Unnoticed Depending Upon The Nature Of Anomaly, Gestational Age, Fetal Position, Limitations Of USG Study.
- Advised To Be Reviewed / Repeat Scan SOS, If And When Required As USG Findings Along With The Course Of The Disease.

Left uterine artery:

PI ^ 4.15

Mean PI ^ 3.49

Impression: Uterine artery shows increased uteroplacental resistance blood flow may suggest high risk of PIH or fetal growth restriction in later pregnancy.

Maternal Structures — **Cervix** Cervical length 40.5 mm

Impression — **Single Intrauterine Gestational Sac With Foetal Pole Is Seen At The Time Of Examination Of About 13 weeks 4 days Gestational Age .**

Expected Date Of Delivery By Ultrasound: 04-06-2025.

Normal NT & DV.

Normal ossified nasal bone.

No evidence of TR.

Amniotic band noted in upper uterine segment.

Uterine artery shows increased uteroplacental resistance blood flow may suggest high risk of PIH or fetal growth restriction in later pregnancy.