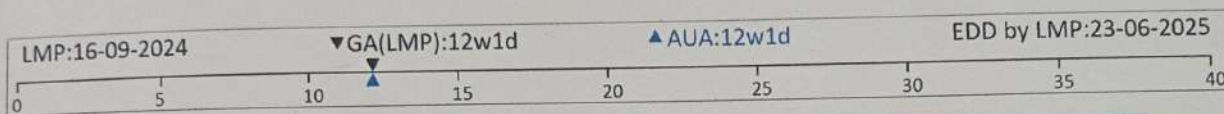


Patient Name: SHABANA ALTAF SHAH	Date: 10/12/2024
Ref Phy: DR. S M SHAIKH	Age/Sex: 20 Years / FEMALE

OBSTETRIC NT SCAN



Dating	LMP	GA	EDD
		Weeks	Days
By LMP	LMP: 16/09/2024	12	1
By USG		12	1
AGREED DATING IS (BASED ON LMP)			

There is a single gestation sac in uterus with a single fetus within it.

The fetal cardiac activities are well seen.

Placenta is posterior in nature , touching to the internal os.

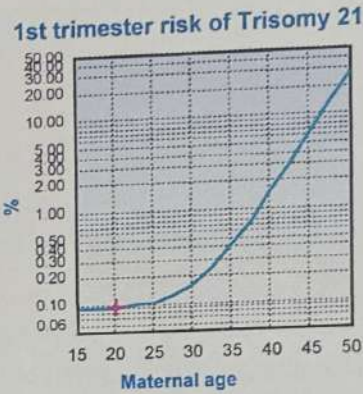
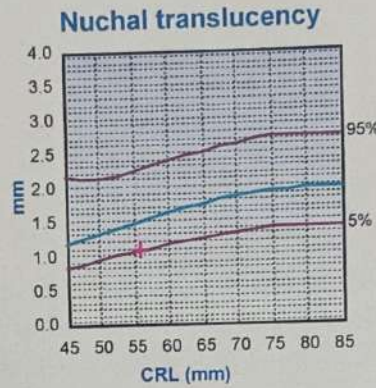
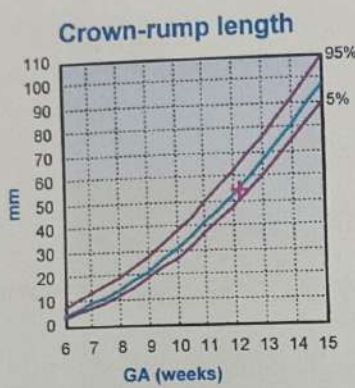
Amniotic Fluid: Normal .

Internal os is closed and length of cervix is normal 44.2 mm.

Minimal subchorionic collection is noted, measuring 13 x 3 mm.

Embryonal Growth Parameters	mm	Weeks	Days
Crown Rump Length	55.5	12	1
Heart Rate	168 Beats Per Minute.		
The Embryo attains 40 weeks of age on	23/06/2025		
Nuchal Translucency	1.1 mm		
Nasal Bone	2.1 mm		
Limb buds, Bladder, Stomach, Head & spine.			Seen
Ductus Venosus Waveform	Normal waveform Pattern		

Vessels	S/D	RI	PI	PI Percentile	Remarks
Right Uterine Artery	1.91	0.48	0.62	0.11%	
Left Uterine Artery	3.17	0.68	1.44	25.5%	
Mean Uterine Artery			1.03	13%	Normal



First trimester: Pre Ultrasound Maternal age risk for Trisomy 21 is 1 in 1068

T21 Risk	
From - NT	1 in 6282

Conclusion:

- Single live intrauterine fetus of 12 weeks 1 days is present with minimal subchorionic collection.
- Placenta is posterior in nature, touching to the internal os.
- Please correlate with dual/triple marker test.

Suggested Anomaly scan at 21-22 weeks.

Suggest: Follow up & clinical correlation.

Please note that all anomalies can not be detected all the times due to various technical and circumstantial reasons like gestation period, fetal position, quantity of liquor etc. The present study can not completely confirm presence or absence of any or all the congenital anomalies in the fetus which may be detected on post natal period. Growth parameters mentioned herein are based on International Data and may vary from Indian standards. Date of delivery (at 40 weeks) is calculated as per the present sonographic growth of fetus and may not correspond with period of gestation by L.M.P. or by actual date of delivery. As with any other diagnostic modality, the present study should be correlated with clinical features for proper management. Except in cases of Fetal Demise or Missed Abortion, sonography at 20-22 weeks should always be advised for better fetal evaluation and also for base line study for future reference.

I, Dr Soniya Dasare (Dhakre) declare that while conducting sonography on SHABANA ALTAH SHAH (name of pregnant woman), I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

Dr Soniya Dasare (Dhakre)
Consultant Radiologist
Dr. Soniya R. Dasare
Consultant Radiologist
Reg.No. 2015/04/2063

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