



Patient name	Mrs. GEETA LAXMAN MORE	Age/Sex	28 Years / Female
Patient ID	E79276-24-12-20-7	Visit no	1
Referred by	Dr. KARUNA MURKEY, M.D. (OB GY)	Visit date	20/12/2024
LMP date	22/09/2024, LMP EDD: 29/06/2025[12W 5D]		

OB - First Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Maternal

Cervix measured 4.41 cm in length.

os closed.

Right Uterine	1.53	—●— (43%)
Left Uterine	1.19	—●— (15%)
Mean PI	1.36	—●— (29%)

Fetus

Survey

Placenta	: Anterior
Liquor	: Normal
Umbilical cord	: Three vessel cord seen.
Fetal activity	: Fetal activity present
Cardiac activity	: Cardiac activity present Fetal heart rate - 184 bpm

Biometry(Hadlock, Unit: mm)

CRL	63.4, 12W 4D	
BPD	17.5, 12W 4D	—●— (29%)
HC	69, 12W 5D	—●— (25%)
AC	55, 12W 3D	—●— (49%)
FL	11, 13W 2D	—●— (60%)

Aneuploidy Markers (mm)

Nasal Bone	3.1	—●— (53%)
	Present	
NT	1.6	—●— (50%)
	Normal	
Ductus Venosus	No "a" wave reversal	
Tricuspid Regurgitation	No tricuspid regurgitation seen.	



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Fetal Anatomy

Head : Skull/brain appears normal.

Intracranial structures appears normal.

Choroid plexuses are symmetrical.

Falx visualised.

Butterfly sign present.

Posterior fossa is normal.

Intracranial translucency is normal.

Neck : Neck appears normal.

Spine : Spine appears normal.

Face : PMT and orbits seen.

Double line sign of palate and vomer seen.

No evidence of any maxillary gap.

Thorax : Thorax appears normal.

Heart : Four chamber and outflow tracts appears normal.

Abdomen : Stomach bubble appears normal.

Cord insertion seen.

KUB : Bladder appears normal.

Kidneys could not be evaluated at present.

Umbilical arteries seen by the side of urinary bladder.

Extremities : Both upper limbs and lower limbs seen.

es

Note: -This is a obstetrical ultrasound, mainly done for estimation age, amount of liquor, placental position and general well being of foetus and for evaluation of congenital anomalies. Moreover, the anomalies in relation to foetal heart and limbs are extremely difficult to detect due to constantly changing position of foetus and overlapping of its various parts. The thickness of abdominal wall fat when increased adversely affects the visualisation of structures and reduces resolution. Not all congenital anomalies can be detected on antenatal ultrasound. Some are evolving anomalies and may not be seen on initial ultradous examination. Some anomalies can only be diagnosed in advanced stage of gestation and may not be seen in initial ultrasound examination. Findings such as increased NT or nuchal fold thickness, echogenic intracardiac focus, choroid plexus cyst are transient in nature and may disappear in later stage of gestation. Only less than 60 percent of cardiac anomalies are detected on detailed fetal echocardiography.

Impression

Intrauterine gestation corresponding to a gestational age of 12 Weeks 5 Days

Gestational age assigned as per LMP

Placenta - Anterior

Liquor - Normal

Single live intrauterine pregnancy with maturity of 12 weeks 5 day of gestation.

Established EDD-29/06/2025 (Assigned as per LMP).

No obvious evidence of any congenital anomaly at present.

Low risk for aneuploidy.

Mean uterine artery PI 1.36 (Low risk for Preeclampsia /FGR). Prophylactic low dose Aspirin not needed.



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dv:- Level II Anomaly scan at 18-20 Weeks.
Please correlate clinically.

First trimester screening for Downs
maternal age risk 1 in 1083

Fetus	Risk estimate - NT	Risk estimate - NT + NB	Markers name
1	1 in 4923	1 in 16409	Nasal Bone Present

Disclaimer

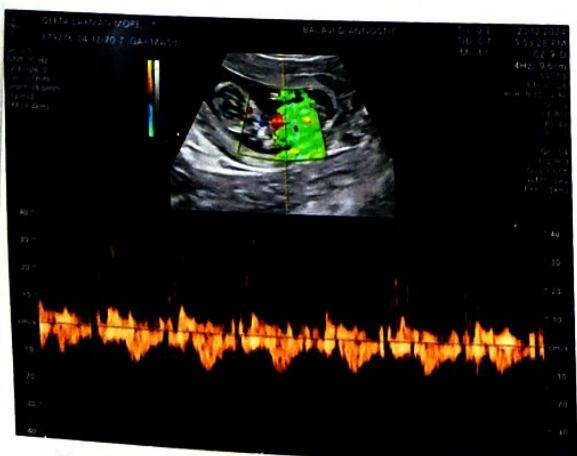
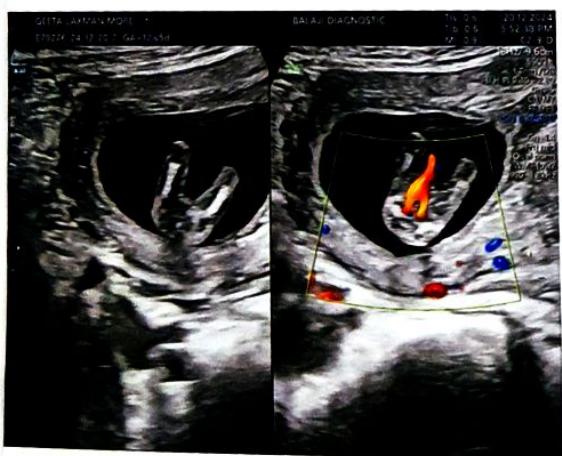
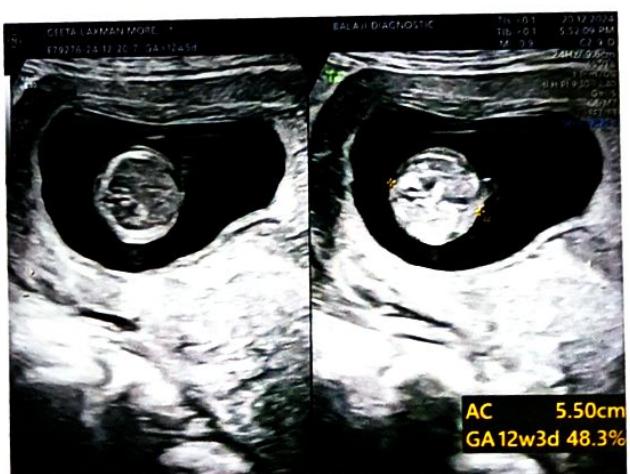
Dr. Ravindra Kalode declare that while conducting ultrasonography/image scanning on this patient, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

**Dr. Ravindra R. Kalode MD(Radiodiagnosis) MMC Reg No:70454
Foetal Medicine Foundation (UK) certified. FMF ID 204450**

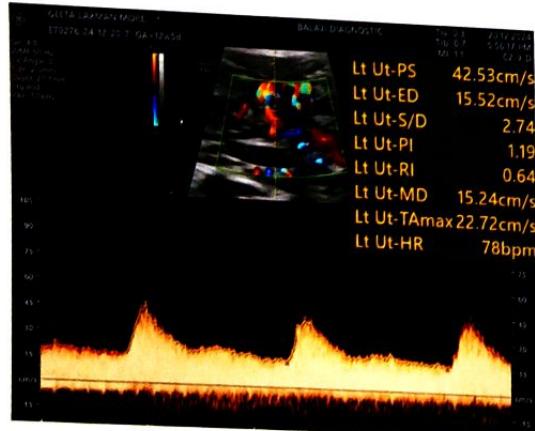
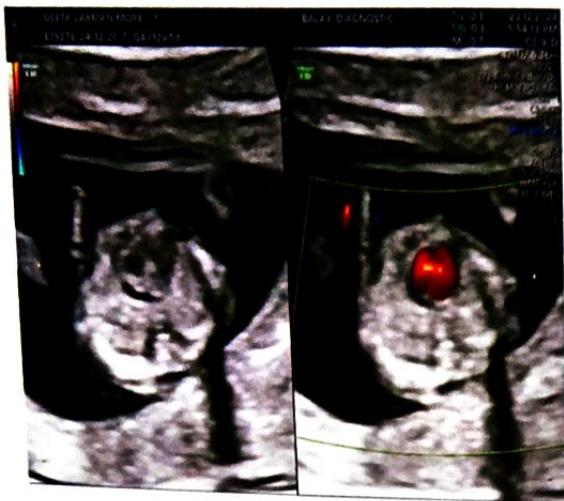
I, GEETA LAXMAN MORE **Declare that by undergoing prenatal diagnostic test / procedure. I do not want to know sex of my fetus.**

Signature of pregnant woman.

Dr. Ravindra Kalode
M.D.(Radiodiagnosis)
MMC Reg No.70454



Dr. Ravindra Kalode
M.D.(Radiodiagnosis)
MMC Reg No.70454



BALAJI DIAGNOSTIC		Date of Exam: 25.12.2023 Exam Type: Self Test											
Name: GEETA LALHAN MORE Pat. ID: ET9276-24-12-20-7		DOB:											
		Perf. Phys.:											
		Ref. Phys.:											
		Sonogram:											
Indication LMP: 22.09.2024 DOC: 12w5d	GALMPS GAUAWI	EDDLMPS EDDAUWI	29.06.2025 29.06.2025	G P	A D								
	EPW (Endo) AC/EPW/EPW	Value Range	Age Range	GP Value	GP Value								
2D Measurements AUA EPW													
BPD (Biparietal)	W	Value	m1	m2	m3	Meth.	GP						
OFD (HC)		1.75 cm	1.75				avg. 1.75 cm						
HC (Bipolar)	W	2.64 cm	2.64				avg. 2.64 cm						
HC* (Bipolar)	W	7.30 cm	7.30				avg. 7.30 cm						
AC (Abdominal)	W	6.98 cm	6.98				avg. 6.98 cm						
CRL (Crown-Rump Length)	W	5.50 cm	5.50				avg. 5.50 cm						
NT		6.34 mm	6.34				avg. 6.34 mm						
NBI (Sonolucent)	W	3.10 mm	1.60	3.10			avg. 1.60 mm						
2D Measurements						Value	m1	m2	m3	m4	m5	m6	m7
Uterus													
Cervix Length						4.41 cm	4.41						