

PATIENT'S NAME: MRS. UROOSA  
REF. BY: DR. MAMTA GUPTA

Date: 04.01.2025

AGE: 29Y

SEX: FEMALE

### Ultrasonography : Early Obstetrics

- A single intrauterine live pregnancy with presence of fetal poles seen with CRL 45 mm and average gestational age of 11 weeks 3 days.

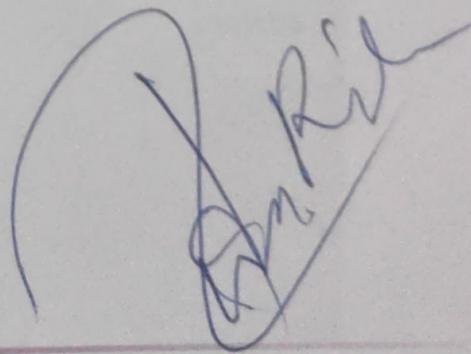
#### Gestational Parameters

- CRL : 45 mm corresponding to 11 weeks 3 days
- NBL : 2.3 mm
- The falx is well visualised and is and is in mid line.
- The heart is central in the thoracic cavity. The cord insertion in the anterior abdominal wall is well seen. The spine is seen as two line at this stage.
- NT Seen: 0.7 mm, NB Seen: 2.3 mm
- Ductus versus waveform visualized shows normal waveforms without any reversal.
- The placenta is differentiated on posterior wall.
- There is no evidence of subchorionic haemorrhage. The trophoblastic reaction is regular.
- Cervix is 3.8 cms in length/adequate. Internal OS: Closed.
- Yolk sac is not seen. Fetal pole is seen.
- Heart Rate more than adequate : 185 beats / minute
- Bilateral uterine arterial doppler was done revelas bilateral uterine arterial early diastolic notching with raised mean PI values of bilateral uterine arteries with mean PI value 3.06.
- Assigned G.A by LMP is 12 weeks 0 days and Expected Date of Delivery: 19/07/2025

#### Comparison with LMP

Date	Gestational age by L.M.P.	G.A. by USG	LAG
1st USG 04/01/2025	12 Week 0 Days	11 Week 3 Days	Early 4 day

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Impression: Real Time USG Study Reveals:

Date: 04.01.2025

- A single live intrauterine gestation corresponding to MGA 12 weeks 0 days at the time of scan. Internal OS is closed. Cervical length is well maintained (3.8 cm).
- Yolk sac is not seen. Fetal pole is seen.
- The placenta is differentiated on posterior wall.
- No evidence of subchorionic hemorrhage.
- NT Seen: 0.7 mm, NB Seen: 2.3 mm
- Ductus venosus waveform visualized shows normal waveforms without any reversal.
- As compared to previous scan there is mild lag in fetal growth as compared to gestational age ? early onset Discrepancy of fetal parameters s/o IUGR. probably due to raised uteropelvic resistance.

Advice: Target scan between 19-24 weeks of gestation.

Adv maternal BP charting and suggested prophylactic low dose aspirin for prevention of eclampsia.

Declaration of Doctor / Person Conducting Ultrasonography / Image Scanning

I DR. RITESH KUMAWAT declare that while conducting ultrasonography of MRS. UROOSA, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Dr. Ritesh Kumawat  
MBBS, DMRD, DNB (Radio Diagnosis)  
Reg. No: MP - 12614

No obvious congenital anomaly seen this scan, not all congenital anomalies are possible to rule out due to various fetal presentation, movements etc. For any cardiac anomaly fetal echocardiography advised.

