Ansh
Diagnostic Center

Dr. Namrata Kotangale
MBBS, DMRD, DNB | Consultant Radiologist
Mob: +91 7499469457

Name	Mrs. APURVA S GOLECHA	Age	30 Years
Patient ID	ADC/41/2024-2025/3196	Gender	FEMALE
Ref By	Dr. KIRAN THORAT	Date	04-01-2025

Obstetric USG Report

Indication
10) Detection of chromosomal abnormalities, fetal structural defects and other abnormalities and their follow-up.

Growth

LMP : 06/10/2024
GA : 12 Weeks, 6 Days **EDD** : 13/07/2025
GA By USG : 13 Weeks, 1 Days

Survey
Gravid uterus with single intrauterine well-defined gestational sac with single intra-uterine fetus in changing lie.
Fetal cardiac activity appear normal .Fetal movements appear normal
Placenta is forming anteriorly of grade 0.
NT appear normal .Nasal bone ossification is noted and appear normal.
Premaxillary triangle appear normal. Midline falx.fetal spine, stomach bubble, all four limbs visualized and appear normal for gestational age.
Ductus venosus flow appear normal.

Biometry

Section	Value	Weeks	Days	Percentile
CRL	7.12 (cm)	13	2	74.7
NT	2.2 (mm)			
FL	1.08 (cm)	13	1	58.2
FHR	153 (bpm)			

Doppler

	PI	RI	S/D
Rt Uterine art	1.11	0.61	2.57
Lt Uterine art	0.66	0.46	1.86
Uterine Artery Mean	0.89		

Maternal
Internal os is closed.Cervical length is 3.3 cm.
Mean Uterine artery PI value is normal for gestational age.

Impression
Single live intrauterine fetus of gestational age 13 Weeks 1 Days +/- 1 week in variable presentation.

Suggest Marker study correlation .Anamoly scan in between 18-20 weeks.

Report with thanks

...विल्हा, हॉटेल 84 इरट जवळ, जंजिरा हॉटेलच्या लेनमध्ये, श्री जय गणेश साम्राज्य चौक, पुणे-नाशिक महामार्ग
मोशी प्राधिकरण पुणे - 412105

I, **Dr. Kotangale Namrata** declare that while conducting ultrasonography/image scanning on **Mrs. AP**
SHUBHAM GOLECHA have neither detected nor disclosed the sex of her foetus to anybody in any man

Dr. Kotangale Namra

MBBS,DMRD,DNB (Reg. No. 2008/02/03

All measurements including estimated fetal weight are subject to statistical variation. It must be noted that detailed fetal anatomy may
visible due to technical difficulties related to gestational age, fetal position, amniotic fluid volume, fetal movements and abdominal wall
markers for screening of chromosomal anomaly may not always be evident and as such, their absence may not totally rule out pre
chromosomal anomaly.

This report has to be correlated with marker studies and other lab investigations as combined screening suggests reduction in the risk of a
compared to single investigation.