



Patient Name: DIPALI RAMESHWAR KATHAR	Date: 30/01/2025
Patient Id: 8010	Age/Sex: 33 Years / FEMALE
Ref Phy: DR. REKHA JAWALE MAM	Address :

**OBSTETRIC EARLY DETAILED SCAN (NT PROFILE)**

LMP:02-11-2024		▼GA(LMP):12w5d		▲AUA:13w5d		EDD by LMP:09-08-2025											
0		5		10		15		20		25		30		35		40	
Dating		LMP		GA				EDD									
				Weeks		Days											
By LMP		LMP: 02/11/2024		12		5		09/08/2025									
By USG		26/10/2024		13		5		02/08/2025									
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.

AMNIOTIC FLUID : Adequate

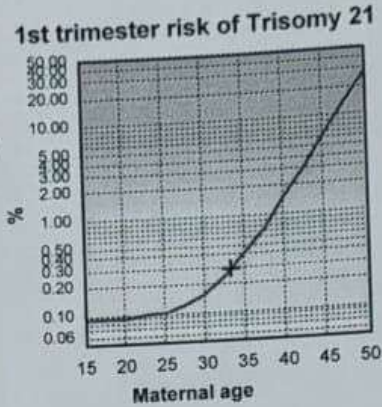
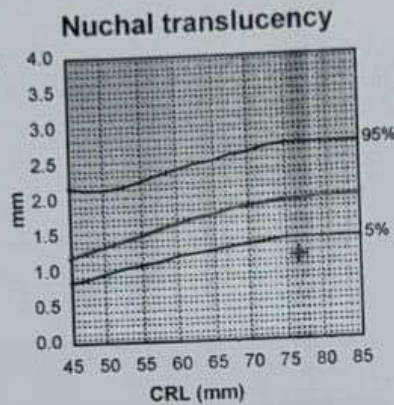
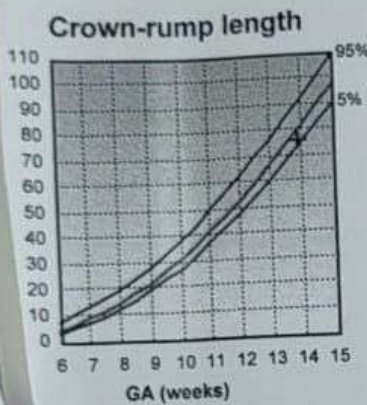
Internal os is closed and length of cervix is 35.5 mm.

The embryonal growth parameters are as follow :

	mm	Weeks	Days
Crown Rump Length :	76.5	13	6
Biparietal Diameter :	24.7	14	2
Head Circumference :	89.2	14	0
Abdominal Circumference	65.4	13	2
Femoral Length	9.9	13	0
Heart Rate :	162 Beats Per Minute.		
Nuchal Translucency	1.2 mm 9%		
Nasal Bone	SEEN		
Hands, Limbs, Nasal Triangle Integrity, Bladder, Stomach	Seen		
Umbilical Arteries			
Ductus Venosus Waveform	Normal waveform Pattern		

Vessels	S/D	RI	PI	PI Percentile	Remarks
Right Uterine Artery	3.59	0.72	1.44	30.4%	
Left Uterine Artery	2.1	0.52	0.79	0.63%	
Uterine Arteries Mean PI =			1.115	6.8%	Normal
Ductus venosus	1.2	0.17	1.02		PSV=-51.23 Normal waveform Pattern





First trimester: Pre Ultrasound Maternal age risk for Trisomy 21 is 1 in 383

Fetus	Risk estimate – NT
A	1 in 2253

### CONCLUSION:

- SINGLE LIVE INTRAUTERINE FETUS OF 13 WEEKS 5 DAYS IS PRESENT.

### Suggest:

- Serum Beta HCG & PAPP A assay may be done to improve the detection rate of the screening test.
- To improve sensitivity of the combined test 'Integrated test' may be done by doing quadruple marker test in the second trimester (16 weeks) and modifying the risk of the first trimester screening.

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. AMEY JAJU declare that while conducting sonography on DIPALI RAMESHWAR KATHAR (name of pregnant woman), I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

DR. AMEY S. JAJU  
MBBS, DNB (RADIOLOGY)  
Fellow in MSK Imaging  
CONSULTANT RADIOLOGIST

REQUEST FOR OBSTETRIC USG ON YOUR LETTER HEAD IS MANDATORY (PCPNDT ACT). PLEASE COMPLY.