SCANOVA IMAGING CENTRE

Plot No. 95, Sunshine Building, Opposite Janki Hotel, Garkheda
Chhatrapati Sambhajinagar 431009
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A Unit Of Scanova Imaging Pvt. Ltd.

	Risk From History Only	Risk From History Plus NT, FHR (Fetal medicine by UK)
Trisomy 21:	1 in 769	1 in 5000
Trisomy 18:	1 in 2000	1 in 10000
Trisomy 13:	1 in 5000	1 in 10000

IMPRESSION:

SINGLE LIVE INTRAUTERINE GESTATION CORRESPONDING TO 12 WEEKS 4 DAYS

CORRECTED EDD BY USG 22/08/2025

GESTATIONAL AGE AND EDD ASSIGNED AS PER CRL

NUCHAL TRANSLUCENCY APPEARED NORMAL FOR THE CRL.

EARLY STRUCTURAL SURVEY DOES NOT REVEAL ANY MAJOR ABNORMALISED IN VISUALISED FETAL ANATOMY

SUGGESTED COMBINED RISK ASSESSMENT WITH SERUM BIOCHEMICAL MARKERS FOR SCREENING OF COMMON ANEUPLOIDIES

SUGGESTED ANOMALY SCAN AT 19-20 WEEKS

NOTE –
The scan was performed under significant limitations in viewing anatomy due to very poor sonographic penetration. Multiple attempts were done. This limitation in anatomy evaluation should be taken into account while taking clinical decisions. The limitation of the scan due to very poor sonographic penetration have been explained to the patient. A follow up scan is suggested after 4 weeks for possible better delineation of the fetal anatomy

DR SANKET S SARDA,
MBBS DNB Radiodiagnosis
(Gold Medalist)
MMC 2015031064

Disclaimer –

- ***Ultrasound and maternal serum biochemistry are meant only for risk categorization of patients and are not conclusive modalities to rule out Karyotypic disorders such as Trisomy 21.***
- ***Normal nuchal translucency measurement does not conclusively rule out chromosomal / genetic disorders in the fetus.***
- ***Structural normalcy of the fetus is not synonymous with genetic normalcy.***
- *Please note that all anomalies cannot be detected all the times due to various technical and circumstantial reasons like gestation period, fetal position, quantity of liquor etc. The present study cannot 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 SANKET S SARDA declare that while conducting sonography on this patient, I have neither detected nor disclosed the sex of the fetus to anybody in any manner.***

14 February 2025 1:21 pm

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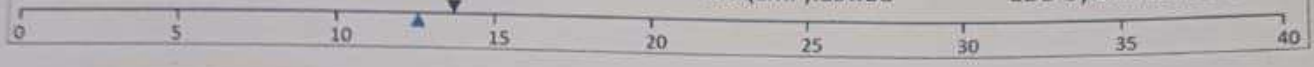
Patient Name: **PRATIMA SHRIRAMWAR**	Date: **11/02/2025**
Patient Id: **11022505**	Age/Sex: **27 Years / FEMALE**
Ref Phy: **DR. AAPSINGKAR MADAM**	

OBSTETRIC NT SCAN

Real time ultrasonography of the gravid uterus has been performed on Samsung V8.

LMP:07-11-2024 ▲AUA:12w4d ▼GA(LMP):13w5d EDD by LMP:14-08-2025



Dating	LMP	GA		EDD
		Weeks	Days	
By LMP	LMP: 07/11/2024	13	5	14/08/2025
By USG		12	4	22/08/2025

AGREED DATING IS (BASED ON CRL)

FINDINGS

Single live intrauterine gestation with variable presentation.
Fetal cardiac activity and fetal movements are well seen.
Placenta is posterior in location, low lying reaching up to the internal os.
Borderline oligohydramnios noted at present, single largest pocket measures 32 mm
Internal os is closed and length of cervix is normal 34 mm.

Vessels	S/D	RI	PI	PI Percentile	Remarks
Right Uterine Artery	4	0.75	1.49	46.7%	
Left Uterine Artery	4.62	0.78	1.86	77.1%	
Mean Uterine Artery			1.68	65%	Normal

Embryonal Growth Parameters	mm	Weeks	Days
Crown Rump Length	60.2	12	4
Femoral Length	7.6	12	2
Heart Rate	166 Beats Per Minute.		
The Embryo attains 40 weeks of age on	22/08/2025		
Nuchal Translucency	1.3 mm 27%		
Nasal Bone	Seen		
Hands, Limbs, Nasal Triangle Integrity, Bladder, Stomach & Umbilical Arteries			Seen
Ductus Venosus Waveform	Normal waveform Pattern		

Fetal movements are well seen.
Fetal cardiac activities are well seen. FHR 166 bpm
Umbilical cord is 3 vessels.
Cranial vault appeared intact. No ventriculomegaly
Heart – 4 chamber, 2 distinct inflow stripes noted on color doppler, outflow tracts crossing (Tick sign).
Abdominal wall is intact. Cord insertion seen.
Stomach Urinary bladder seen.
All four limbs seen.

Aneuploidy Markers

- Nasal Bone - Present, normal for gestational age
- Nuchal translucency - Normal for CRL
- Ductus venosus - Ductus venosus shows normal flow pattern
- Tricuspid Regurgitation - No evidence of tricuspid regurgitation

17/01/1998