



श्री डायग्नोस्टिक सेन्टर

MIRACLE COMPLEX, BUS STAND, DURG (C.G.) PH. : 0788-4040925, Mob. : 6260752008

Pt.'s Name : MRS. ASMI MOINNIZAMI
 Age/Sex : 24Y/F
 Ref By : DR. DR. MANASI GULATI
 Date : 17.02.2025
 Regd. No. : 212913
 REPORT PREPARED BY:P.K. REENA

ANC SONOGRAM (NT SCAN)

LMP: 21.11.2024	LMP BY GA: 12 Weeks 4 Days	LMP BY EDD: 28.08.2025
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Single live intrauterine foetus with variable presentation is seen at the time of examination.

Placenta : Fundo-posterior.

Cervical length- 3.5 cm. Internal OS closed.

CRL measures 7.08 cm. Corresponds 13 weeks 2 days.

Foetal cardiac activity seen. Foetal heart rates 171 B/min. regular.

Nuchal Translucency (NT) measures: 1.8 mm, within normal limits.

Nasal bone seen with nasal bone length of 2.1 mm.

Ductus venosus reveals normal flow & spectral waveform.

No evidence of tricuspid regurgitation.

Increased mean PI value (2.04)of bilateral uterine artery.

RIGHT UTERINE ARTERY

Peak Systolic	- 67.92 cm/s
Peak Diastolic	- 20.28 cm/s
Pulsatility Index PI	- 1.47
Resistive Index RI	- 0.70

LEFT UTERINE ARTERY

Peak Systolic	- 54.76 cm/s
Peak Diastolic	- 8.15 cm/s
Pulsatility Index PI	- 2.62
Resistive Index RI	- 0.85

IMPRESSION

- Single live intrauterine foetus with variable presentation is seen at the time of examination, which corresponds to Gestational age 13 Weeks 2days. EDD- 23.08.2025 +/- 10 Days.
- Increased mean PI of bilateral uterine artery.

Advice- Anomaly scan at 18-22 weeks.

Disclaimer:-

Please note that USG study has certain limitations Isometimes fetal anomalies may Not get diagnosed due to nature of anomaly, Gestational age, foetal positioning and limitations of machine thence absence of mention of foetal anomaly in study does not always rule out its possibility..(Fetal echo is not included in this scan).

Declaration: I declare that while conducting Ultrasonography/ Image, Scanning on patient ,I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

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Thanks for Giving us an Opportunity to serve.