



भारत सरकार
GOVERNMENT OF INDIA



इन्ता पटेल

Inta Patel

जन्म तिथि/DOB: 21/06/1995

महिला/ FEMALE

Mobile No: 9981066705

7859 1385 1864

VID : 9144 0176 3541 9795

मेरा आधार, मेरी पहचान





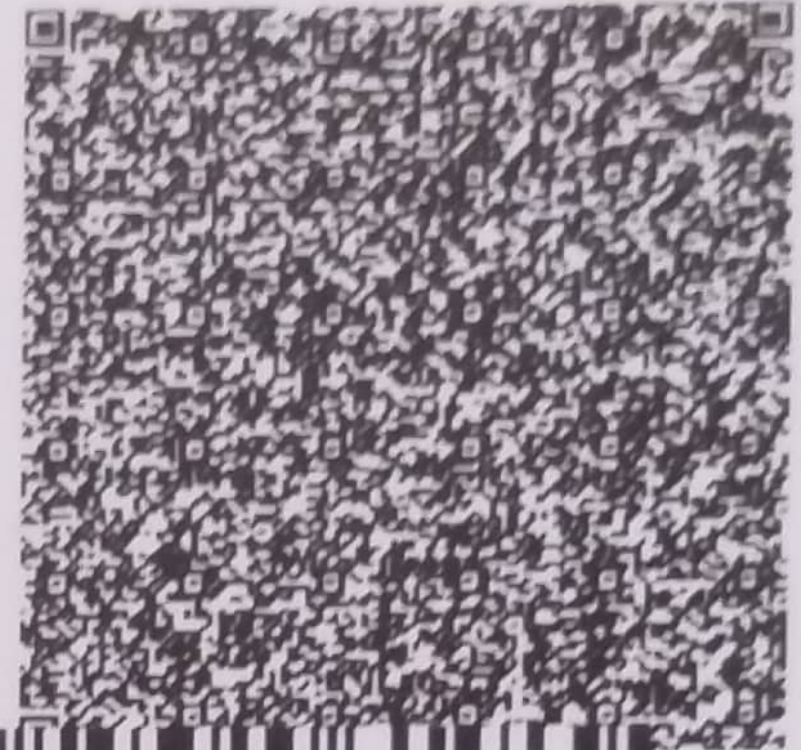
भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



पता:
द्वारा: प्रमोद कुमार पटेल, ग्राम भभुवा, भभुवा, लालपुरा,
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Dr. MANSI JAIN

MBBS, MD (Gold Medalist)
DNB, FRCR(2A) UK
Consultant Radiologist
Trained in Fetal Medicine from Scholar MD
FMF Certified (11-13 wks Scan)



Dr. PANKAJ GOYAL

MBBS, DNB FRCR(2A) UK
Consultant Interventional Radiologist
Clinical Fellowship in
Interventional Radiology
TATA Memorial Hospital, Mumbai

Patient name	Mrs. INTA PATEL	Age/Sex	27 Years / Female
Patient ID	E36745-25-03-05-1	Visit No	1
Referred by	Dr. Nidhi Nagar MD OBGY	Visit Date	05/03/2025 10:00:12 AM
LMP Date	30/11/2024 LMP EDD: 06/09/2025		

OB - First Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal and Transvaginal

Single intrauterine gestation

Nuchal translucency (NT) is the sonographic appearance of a collection of fluid under the skin behind the fetal neck in the first-trimester of pregnancy. The term translucency is used, irrespective of whether it is septated or not and whether it is confined to the neck or envelops the whole fetus. In fetuses with chromosomal abnormalities, cardiac defects and many genetic syndromes the NT thickness is increased.

Screening by NT can detect about 80% of fetuses with trisomy 21 and other major aneuploidies for a false positive rate of 5%. The combination of NT and maternal serum free β -hCG and PAPP-A improves the detection to 90%. There is now evidence that the detection rate can increase to about 95% and the false positive rate can be reduced to 3% by also examining the nasal bone, ductus venosus flow and tricuspid flow.

Maternal

Cervix measured 4.00 cms in length.

Right uterine PI : 1.21.

Left uterine PI : 1.

Mean PI : 1.11

Fetus

Survey

Placenta - Anterior

Liquor - Normal

Umbilical cord - 3 vessel cord

Fetal activity present

Cardiac activity present

Fetal heart rate - 168 bpm

Biometry(Hadlock)

BPD 25.7 mm 14W 3D * 5% 50% 95%	HC 90 mm 14W * 5% 50% 95%	FL 12.7 mm 13W 5D * 5% 50% 95%
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CRL - 69.6 mm(13W 1D)

Aneuploidy Markers

Nasal Bone : Present

Nuchal translucency : 1.4 mm Normal.

Ductus venosus : Normal flow.

Tricuspid regurgitation : No TR.

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Fetal Anatomy

Head: normal, Neck: normal, Spine: normal, Face: normal, Thorax: normal, Heart: normal, Abdomen: normal, KUB normal, Extremities: normal

Impression

Intrauterine gestation corresponding to a gestational age of 13 Weeks 4 Days

Gestational age assigned as per LMP

Placenta - Anterior

Liquor - Normal

No obvious anomalies detected on anatomic scan

NT is within normal range for GA

DV & TR are normal for GA

NB is seen

Adv combined testing and PE screening

Preeclampsia risk from history only

< 37 weeks: 1 in 101

Preeclampsia risk from history plus MAP, UTPI

< 37 weeks: 1 in 417

Recommendation

The risk of preeclampsia was assessed by a combination of maternal characteristics and medical history with measurements of blood pressure and blood flow to the uterus.

On the basis of this assessment the patient has been classified as being at low risk for developing PE before 37 weeks. Nevertheless, it is recommended that the risk is reassessed at 20 and 36 weeks.

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CONSULTANT RADIOLOGIST

Disclaimer

To book prior appointment for scan - call 8989635539

All Anomalies cannot be detected by sonography & a normal ultrasound does not guarantee a normal baby.



04/02/2025

Mr. Jata Patel

Age - 29 yr

ANC - 9 weeks, 2 days

UMP - 30/11/2024

o/e.
BP - 100/70 mmHg
PR - 101 bpm
wt 50.3 kg
SpO2 96%

Tab. folic acid 100X20 days

Tab. Doxinate 2 tabs HS

- Tab Dasha (20s)

- Tab ladybourn 1.80X10
5-0-0 - days

Adv.
- USC - 20s for
Anomaly scan
at NB scan
24/02/2025 to
03/03/2025

Dina Marben

18/29/11/2424

Dr. NIDHI NAGAR
MBBS, MD (CO)
FAM
Reg. No. N
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प्री होम कलेक्शन