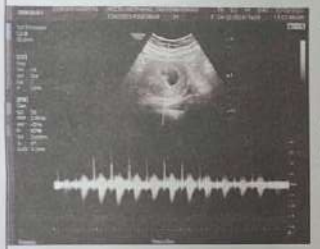
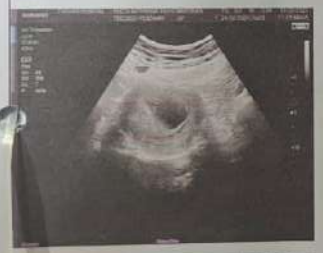
CHAVAN HOSPITAL

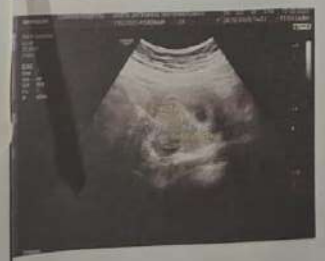
N-7 Cidco,Flat No.27,Anandvan Society, Front Of Jigisha School,Near Tridevta Mandir,
Aurangabad - 431001
Phone No: 7385000123

Name: Mrs. NEETA YASHOWARDHAN JAITMAHAL
Age: 29 Y
Sex: F
Date: 13-Feb-2025

Ref By: SELF
Study: OBSTETRIC
Examined By: Dr. Pratibha P Chavan (Shelke)
MBBS,(Pune),DGO(Mumbai)







Obstetric USG

A single intrauterine gestational sac is noted with a regular chorio-decidual rim.
A single yolk sac and a single embryonic pole are seen within the gestational sac.

Cardiac activity is well appreciated. *FHR- 147 B/M.*

LMP: 24/12/24,G A (LMP) 7weeks 2 days EDD 30/9/25 (LMP)
G A (USG) 7 weeks 1 days EDD 1/10/25(USG)

CRL measures 10.9 mm. corresponding to 7 week's 1 days.
Cervical length is 3 ,2 cm. Internal os is closed.
Placenta is not yet seen.
Both ovaries are normal. There is no adenexal mass.

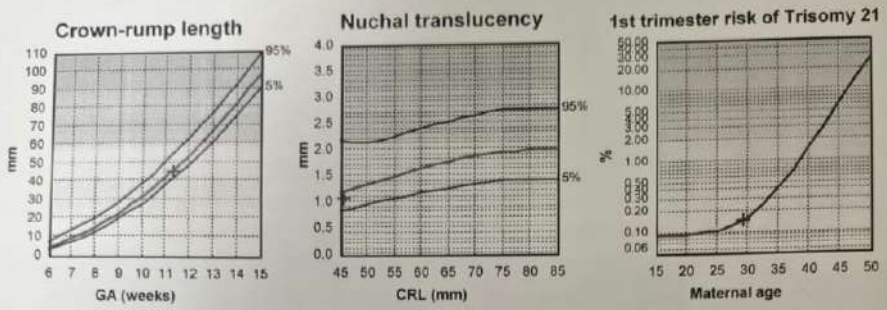
IMP:

- **Early, viable intrauterine gestation of 7 weeks, 1 day**

Dr. Pratibha P Chavan (Shelke)
MBBS,(Pune),DGO(Mumbai)

CIDCO DIAGNOSTIC CENTER

SONOGRAPHY | COLOUR DOPPLER | DIGITAL X-RAY | MAMMOGRAPHY



First trimester: Pre Ultrasound Maternal age risk for Trisomy21 is **1 in 695**

T21 Risk	
From – NT	1 in 4088

Preeclampsia risk From (fetalmedicine.org UK)	
History only	History plus MAP, UTPI

CONCLUSION: poor acoustic window

- **SINGLE LIVE INTRAUTERINE FETUS OF 11 WEEKS 2 DAYS IS PRESENT.**
- **PLEASE CORRELATE WITH DUAL/TRIPLE MARKER TEST.**

Suggested Anomaly scan at 19 weeks: 06/05/2025 ± 2 days

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, declare that while conducting sonography on NEETA YASHUWARDHAN JAITMAHAL (name of pregnant woman), I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

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

Dr. SHUBHANGI SHETKAR
MBBS, DNB (Radiology)
Reg. No. 2004/10/3541

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