1)

Smt. ASHA TOPPO 38/F

Dr. Veronica Xalxo MD 24/03/25

T3 T4 TSH, Dual marker A1828553

Height - 5 Feet, weight - 66.2 kg, D.O.B - 01/06/86

LMP - 02/04/2025,

USG. 12 wks

NAME — ASHA TOPPO 38/F

Height — 5 fmt

weight — 66.2 kg

D.O.B — 01/06/1986

Emp — 02/01/2025

USG — Single live fetus with gestational age of 12 wks 0 days.

m 8224830051

Dr. Pallavi Agrawal
MD, DNB Radiologist (Gold Medalist)
Trained in Fetal Medicine
Certified by Fetal Medicine Foundation UK
Reg. No. : CGMC-6348/2016

AGRAWAL DIAGNOSTICS

Center For Advanced Fetal Imaging

3D, 4D Sonography | Color Doppler | Digital X-Ray | Guided Procedures

Dr. Apoorv Agrawal
MBBS, MD, PGDHHM
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Between OCM Chowk & Mahila Thana Chowk, Byron Bazar, Raipur (C.G.) - 492001
Phone : 0771-4000511, 9301002630, Email : apadiagnostic@gmail.com

PATIENT NAME: MRS. ASHA TOPPO AGE: 38 Y/ F

REFERRED BY: DR VERONICA YUEL. DATE: 24.03.2025

OBSTETRIC SONOGRAPHY (NT SCAN)

The real time, B mode, gray scale sonography of gravid uterus was performed .
Date of ET. : 05.01.2025

Routine grey scale assessment: *Route:* transabdominal

- The uterus is gravid.
- A single live fetus with following parameters is seen:
- CRL : 5.2 CM corresponding to gestational age of 12 WKS 0 D
- E.D.D. by sonography : 06.10.2025
- Cardio-somatic activity is normal, FHR 170 BPM.
- Placenta is right lateral, not low lying.
- **Large hypoechoic collection measuring 8.5 x 3.6 x 3.0 cm (vol- 49 cc) noted surrounding approx. 50% of the gestational sac along left lateral aspect of endometrial cavity reaching placental margin.**
- The internal os is closed, Cervical length : 4.0 cm
- **Few small intramural fibroids are noted in posterior myometrium, largest measuring 18 x 18 mm.**
- **Left ovary appears mildly enlarged and multicystic measures 6.7 x 5.5 cm**
- Right ovary is normal.

Fetal anatomical assessment:

Normal midline falx and choroid plexus filled ventricles seen.
Fetal heart shows two inflow tracts and dot and dash 3VV.

- Four limbs, each with three segments imaged.
- Normal three vessel cord visualized.

First trimester aneuploidy markers:

- Nuchal translucency measures at the most 0.6 mm.

Nasal bone is present

- Ductus venosus reveals normal triphasic forward flow without reversal.
- No tricuspid regurgitation is noted.

Doppler for Preeclampsia screening:

- Average Uterine artery PI: 1.5 (WNL)

Risks from history only (age and previous birth history)

- Trisomy 21: – 1 in 105
- Trisomy 18: – 1 in 244
- Trisomy 13: – 1 in 769

Risks from history plus NT, FHR

- Trisomy 21: 1 in 769
- Trisomy 18: 1 in 1111
- Trisomy 13: – 1 in 10000

...Contd on Page 2

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AGRAWAL DIAGNOSTICS

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PATIENT NAME: MRS. ASHA TOPPO AGE: 38 Y/ F

REFERRED BY: DR VERONICA YUEL DATE: 24.03.2025

IMPRESSION :

- Single live fetus with gestational age of 12 wks 0 d
- Gestational age assigned as per CRL
- EDD- 06.10.2025
- Large subchorionic hematoma.
- Small uterine fibroids.

Thanks for referance madam.

Suggest: Clinical correlation and follow up at 19-20 weeks for malformation scan

I Dr Pallavi Agrawal, declare that while conducting ultrasonography on Mrs. ASHA have neither detected nor disclosed the sex of her foetus to anybody in any manner.

Dr. Pallavi Agrawal
M.D, DNB
Consultant Radiologist
Fetal medicine specialist
(FMF UK certified-id-183149)

Dr. Apoorv Agrawal
MD
Consultant Radiologist