

② Mrs. Palak Gupta

Age - 24 yrs

Double Markay

DOB - 21/5/1997

CMP - 22/12/2024

Height - 5'3"

Weight - 62 KG.

PATIENT NAME: MRS. PALAK GUPTA  
 ATT PHY: DR. MANASI GULATI

DATE: 07/04/2025  
 AGE/SEX: 27 YEARS / FEMALE

## OBSTETRIC NT/NB SCAN

Dating	LMP	GA		EDD
By USG	12/01/2025	Weeks	Days	
AGREED DATING IS (BASED ON Biometry)				

There Is A Single Gestation Sac In Uterus With A Single Fetus Within It.

The Fetal Cardiac Activities Are Well Seen.

Placenta Is Anterior Wall, grade -0 In Nature.

AMNIOTIC FLUID : Normal

Internal Os Is Closed And Length Of Cervix Is Reduced.(2.4 cm)

The embryonal growth parameters are as follow :

	mm	Weeks	Days
Crown Rump Length :	48.5	11	5
Biparietal Diameter :	15.3	12	1
Head Circumference :	61.9	12	3
Abdominal Circumference	52.2	12	1
Femoral Length	7.2	12	1
Heart Rate :	170 Beats Per Minute.		
The Embryo attains 40 weeks of age on :		19/10/2025	
Nuchal Translucency	0.9 mm 19%	+ - + +	
Nasal Bone	2.1 mm 8.7%	+ - + +	
Hands, Limbs, Nasal Triangle Integrity, Bladder, Stomach & Umbilical Arteries			Seen
Ductus Venosus Waveform	Normal waveform Pattern		

Vessels	S/D	RI	PI	Remarks
Right Uterine Artery	3.38	0.7	1.4	Within Normal Limit
Left Uterine Artery	2.8	0.64	1.15	Within Normal Limit
Ductus venosus	3.26		0.94	PSV=-26.76 Normal waveform Pattern

# SNEHIL DIAGNOSTICS

Opp. Kotak Mahindra Bank, Nehru Nagar Main Road, 4/10, Nehru Nagar West, Bhilai (C.G.)  
0788 4018100 / 3590600, 6264277081  
snehildiagnostics@gmail.com

	Risk From History Only	Risk From History Plus NT, FHR
Trisomy 21:	1 in 714	1 in 10000
Trisomy 18:	1 in 1667	1 in 10000
Trisomy 13:	1 in 5000	1 in 10000
	Preeclampsia risk From (fetalmedicine.org UK)	
History only		History plus MAP, UTPI
< 37 weeks: 1 in 116		< 37 weeks: 1 in 769

ommendation 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. 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.

## CONCLUSION:

- Single Live Intrauterine Fetus Of 12 Weeks 1 Days Is Present.
- Reduced Cervical Length.
- Please Correlate With Dual/Triple Marker Test. Recommended Anomaly Scan At 18-22 Weeks.

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 affirm 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.

DR NEERAJA JAIN SUDHAKAR declare that while conducting sonography on PALAK (name of pregnant woman), have neither detected nor disclosed the sex of the fetus to anybody in any manner.

~~R NEERAJA JAIN SUDHAKAR  
CONSULTANT RADIOLOGIST  
eg No: CGMC 2991/2010~~

Report with thanks! Please be informed that every care is taken and sincere efforts are made for to avoid the typing errors, but in case of any discrepancies or queries in the report, kindly report back at the earliest for review/correction/discussion.

Thanks for Reference

Not Valid For Medico Legal Purpose

These reports are for assisting doctors. Phuerlane in their treatment & not for Medico legal purpose & should be co-related clinically.