



**AGNOSTICS**

No. 110, Kalash Complex  
1st Lay-out, Khamis, Nagpur-440 025

**Dr. Ashwini S. Ganjewar**

MBBS, DMRD, DNB (Radiodiagnosis)

Reg. No. : 2005/03/1863

**Consultant Radiologist**

OPD Timings : 10.00 am - 02.00 pm

06.00 pm - 08.00 pm (Sunday Closed)

Patient Name	Mrs PRIYA PRADEEP JETHE	Age /sex	34 Yrs /Female
Referred by	Dr Rita Bang	Visit date	16-01-2025
LMP	12-01-2025	AUA GA	13 wks 1 d
LMP GA	12 wks 2 d	LMP EDD	19-10-2025

### EARLY PREGNANCY (NUCHAL SCAN) USG REPORT

Indication: NT scan

A single live intrauterine gestation seen with spontaneous movements.

Liquor appears to be adequate for gestation.

Cardiac activity seen with **FHR 158 BPM**.

Flow across tricuspid valve and Ductus venosus is normal.

**CRL – 6.8 cm with gestational age 13 wks 1 d.**

**BPD – 2.2 cm with gestational age 13 w 5 d.**

**Nuchal Translucency measures 1.5 mm (31 % centile for this CRL).**

Intracranial translucency appears normal.

Nasal bone and retronasal triangle seen.

Bladder and stomach bubble seen.

All four limbs with spontaneous movement seen.

Spine, facial skeleton forming. Midline falx seen

**Placenta is Left postero-lateral, not low lying.**

No evidence of any sub chorionic collection at present.

Cervical length appears normal and measures 3.2 cm (os closed.) Transabdominal

**Uterine Artery Doppler (Pulsatility index)**

Right Uterine Artery PI	Left Uterine Artery PI	Mean uterine artery PI:
2.2	2.3	2.25
PERCENTILE: 89 %CENTILE – WITHIN NORMAL LIMITS		

(Ref percentiles: fetal medicine Barcelona)

**3D / 4D Sonography ■ Colour Doppler ■ 2D ECHO ■ ECG**

Appointment Call : 85510 08321



**SONOSTICS**

B-110, Kalash Complex  
Laxmi, Kharak, Nagpur-440 025

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**IMPRESSION:**

Single live intrauterine gestation corresponding to average Gestational age of 13 w 1 d with Nuchal translucency of 1.5 mm. EDD assigned as per USG is 19-10-2025.

(Targeted Anomaly scan suggested @ 18-20 weeks)

  
**Dr. ASHWINI GANJEWAR**  
DMRD, DNB [MMC-2005/03/1863]  
CONSULTANT RADIOLOGIST

**Declaration of doctor/person conducting ultrasonography/image scanning.**

I Dr. Ashwini Ganjewar declare that while undergoing ultrasonography/image scanning on patient neither detected nor disclose the sex of foetus to anybody in any manner.

All measurements including estimated fetal weight are subject to statistical variations.

Not all anomalies can be detected on sonography. Detection of anomalies is dependent on fetal position, gestational age, Maternal abdominal obesity and other technical parameters. Follow up scanning and second opinion are always advisable. For detection of cardiac anomaly foetal echography is necessary.

Chromosomal anomalies need chorionic villus sampling for diagnosis.

ॐ नमो भगवते वासुदेवाय

SAVE GIRL CHILD

0 / 4D Sonography ■ Colour Doppler ■ 2D ECHO ■ ECG

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