

**AGNOSCENTS**No. 110, Kalash Complex,
By Lay-out, Khamla, Nagpur-440 025**Dr. Ashwini S. Ganjewar**

MBBS, DMRO, DNB (Radiodiagnosis)

Reg. No. : 2005/03/1863

Consultant Radiologist

OPD Timings : 10.00 am - 02.00 pm

06.00 pm - 08.00 pm (Sunday Consultation)

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 wks 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



SGNOSTICS

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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.

20-07-2021

SAVE GIRL CHILD

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

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