

Patient name	Mrs. FIRDOUS IRSHAD PAWAR	Age/Sex	33 Years / Female
Patient ID	D24333	Visit No	1
Referred by	Dr. KARUNA MURKEY	Visit Date	08/04/2025
LMP Date	08/01/2025 LMP EDD: 15/10/2025[12W 6D]		

## OB - First Trimester Scan Report

### Indication(s)

FIRST TRIMESTER NUCHAL TRANSLUCENCY AND ANOMALY SCAN

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Poor penetration of sound waves due to thick abdominal wall.

### Maternal

Cervix measured 3.40 cms in length.

Right uterine PI : 2.

Left uterine PI : 2.4.

Mean PI : 2.20 (84%ile)

### Fetus

#### Survey

Placenta : Anterior  
Liquor : Normal  
Umbilical cord : Two arteries and one vein  
Fetal activity : Fetal activity present  
Cardiac activity : Cardiac activity present  
Fetal heart rate - 147 bpm

### Biometry(Mediscan,Hadlock)

BPD 23 mm 13W 4D	HC 83.29 mm 13W 1D	AC 58.14 mm 13W	FL 9 mm 12W 4D
5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%

CRL - 65 mm(12W 6D)

### Aneuploidy Markers

Nasal Bone : seen

Nuchal translucency : 1.3 mm Normal.

Ductus venosus : normal flow.

Tricuspid regurgitation : No evidence of tricuspid regurgitation..



# DAFFODILS

Fertility, Foetal Care and Day-Care Institute of Laparo-Scopy  
tender loving care....

## DR. JAGRUTI B. MURKEY

DNB (Obs & Gyn), DGO, FCPS, DFP, MBBS (Mumbai)  
2 yrs Fellowship in Fetal Medicine (Mediscan Chennai)  
Ex. Consultant in Mediscan (Chennai)  
Certified for NT Scan by FMF, London, UK

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### Fetal Anatomy

Head: normal, Neck: normal, Spine: normal, Face: normal, Thorax: normal, Heart: normal, Abdomen: normal, KUB: normal, Extremities: normal

Head :Both lateral ventricles seen. Intracranial translucency appeared normal.

Face :Orbits and Premaxillary triangle seen

Heart :Heart - Two inflows and outflows imaged in colour.

### Impression

INTRAUTERINE GESTATION CORRESPONDING TO A GESTATIONAL AGE OF 12 WEEKS 6 DAYS

GESTATIONAL AGE ASSIGNED AS PER LMP

PLACENTA - ANTERIOR

LIQUOR - NORMAL

MATERNAL - LEFT UTERINE ARTERY DOPPLER SHOWS HIGH RESISTANCE TO FLOW

- (PI >95 %tile) S/O increased risk of fetal growth restriction and / or preterm pre eclampsia.

### SUGGESTED

1. COMBINED FIRST TRIMESTER SCREENING FOR DOWNS SYNDROME.(Blood test cut off CRL 84mm)

2. KINDLY CONSIDER STARTING LOW DOSE ASPIRIN IN VIEW OF INCREASED UTERINE ARTERY PI.

(150 mg as per new ASPRE trial)

3. DETAILED ANOMALY SCAN AT 20 WEEKS.

(Please bring referral letter.)

Note - Nuchal translucency NT was measured as per FMF (Fetal Medicine Foundation U.K. ) Guidelines.

I Mrs. Firdous Pawar Declare that while undergoing Ultrasonography, I do not want to know the sex of my fetus.

**DECLARATION** - I declare that while conducting ultrasonography / image scanning, I have neither detected nor disclosed the sex of the fetus to anybody in any manner. All congenital anomalies and genetic conditions may not be detected on ultrasonography due to limitations like fetal position, amount of liquor, previous scars, Small VSDs, late appearance of few anomalies, TO fistula and structures that are not part of routine imaging protocol. Detailed fetal echo not included in this scan.

21/4/24

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