

Patient Name: HUMAISHA IRFAN QURESHI

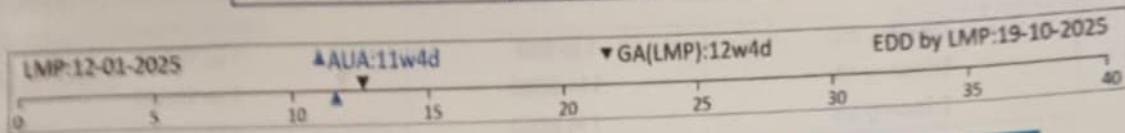
Date: 10/04/2025

Ref Phy: DR. ANAMU R. BAGDE

Age/Sex: 24 Years / FEMALE

## OBSTETRIC EARLY DETAILED SCAN

Height: 160 cm	BP		MAP
Weight: 63 Kg	Systolic	110	83.33 mmHG
BMI: 24.61	Diastolic	70	



Dating	LMP	GA		EDD
		Weeks	Days	
By LMP	LMP: 12/01/2025	12	4	19/10/2025
By USG	19/01/2025	11	4	26/10/2025

AGREED DATING IS (BASED ON LMP)

- There is a single gestation sac in uterus with a single fetus within it.
- The fetal cardiac activities are well seen.
- Placenta is developing and away from internal Os. No subchorionic hematoma.
- AMNIOTIC FLUID:** Normal
- Internal os is closed and length of cervix is normal.

The embryonal growth parametres are as follow:

	mm	Weeks	Days
Crown Rump Length :	49 mm	11	4
Heart Rate :	164 Beats Per Minute.		
The Embryo attains 40 weeks of age on :		26/10/2025	
Nuchal Translucency	1.0 mm		
Nasal Bone	2.4 mm 14.1% + + + +		14%
Intracranial Translucency			
Tricuspid Rugurgitation			
Ductus Venosus Waveform	Normal waveform Pattern		

Vessels	S/D	RI	PI	Remarks
Right Uterine Artery	12.92	0.92	3.16	
Left Uterine Artery	3.64	0.73	1.69	
Mean			2.4	94%tile
Ductus venosus			1.01	PSV=38.87 Normal waveform

 DR. PANKAJ BARAI  
 Consultant Radiologist

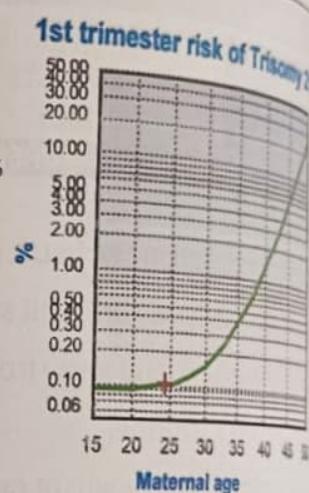
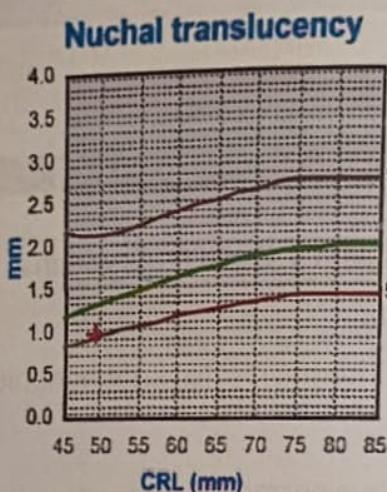
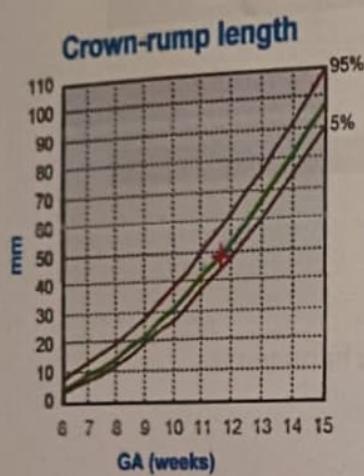
 DR. SNEHA BARAI DPB  
 Consultant Pathologist

 RANI GANDHI SQUARE, FRONT OF GANESH HIGH SCHOOL, SAI MANDIR ROAD, BHANDARA. Mob.: 8055312022  
 REG. NO. 2013/12/3564

First trimester: Pre Ultrasound Maternal age risk for Trisomy21 is 1 in 984

T21 Risk	1 in 5788
From - NT	1 in 46958
From - NT-NB-DV-FHR	

Fetalmedicine.org UK	Risk From History Only	Risk From History Plus (Fetalmedicine.org UK)
Trisomy 21:	1 in 909	1 in 1000
Trisomy 18:	1 in 2000	1 in 1000
Trisomy 13:	1 in 5000	1 in 1000



#### Preeclampsia risk From (fetalmedicine.org UK)

History only

< 37 weeks: 1 in 106

History plus MAP, UTPI

< 37 weeks: 1 in 118

#### Recommendation

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.

On the basis of this assessment the patient has been classified as being at increased risk for developing PE before 37 weeks. The ASPRE trial has shown that in such women of low dose aspirin (150mg/night) from now until 36 weeks reduces the incidence of PE before 32 weeks by about 90% and PE before 37 weeks by 60%.