

SMT. MONIKA JAISWAL 38/L

Dr. Neurological Yuf. mo

14/04/25

~~DOUBLE MENTOR~~

Comp - 15/01/25

DOB. 08/08/1986

Age - 38 yrs

Weight - 56.5 kg

Height - 5 feet

U/S - 12 wks 5 days

PATIENT NAME: MRS. MONIKA JAISWAL \_\_\_\_\_ AGE: 38 Y/ F

REFERRED BY: DR VERONICA YUEL

DATE: 14.04.2025

**IMPRESSION :**

- Single live fetus with gestational age of 12 wks 5 d
- Gestational age assigned as per LMP
- Low lying placenta, lower margin covering the os.
- Average uterine PI is on the higher side.

Thanks for reference madam.

Suggest: Clinical correlation and follow up at 19-20 weeks for malformation scan

I Dr Pallavi Agrawal, declare that while conducting ultrasonography on Mrs MONIKA have neither detected nor disclosed the sex of her foetus to anybody in any manner.

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Consultant Radiologist

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Consultant Radiologist  
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Fetal structures are not sufficiently developed in first trimester to allow accurate assessment. Still, in good faith, we make the best possible efforts to detect all anomalies possible to be detected on sonography at this time. This is early screening test to rule out obvious major defects and should not substitute detailed anomaly scan at second trimester. The optimal visualization of fetal parts can be affected by fetal position, fetal movements, maternal obesity and adequacy of liquor.

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### **OBSTETRIC SONOGRAPHY (NT SCAN)**

The real time, B mode, gray scale sonography of gravid uterus was performed .

L.M.P. = 15.01.2025

Gestational age by LMP = 12 WKS 5 D

E.D.D. by LMP = 22.10.2025

**Routine grey scale assessment:** Route: transabdominal

- The uterus is gravid.
- A single live fetus with following parameters is seen:
- CRL : 5.5 CM corresponding to gestational age of 12 WKS 1 D
- E.D.D. by sonography : 26.10.2025
- Cardio-somatic activity is normal, FHR 163 BPM.
- Placenta is posterior, lower margin covering the os.
- There is no evidence of subchorionic haemorrhage at the time of examination.
- The internal os is closed, Cervical length : 3.1 cm
- 16 x 10 mm fibroid noted in anterior myometrium of uterus.

**Fetal anatomical assessment:**

- Normal midline falx and choroid plexus filled ventricles seen.
- Stomach bubble is seen.
- Fetal heart shows two inflow tracts and dot and dash 3VV.
- Four limb buds appear normal.
- Normal three vessel cord visualized.

**First trimester aneuploidy markers:**

- Nuchal translucency measures at the most 0.6 mm.
- Nasal bone is present.
- Ductus venosus reveals normal triphasic forward flow without reversal.
- No tricuspid regurgitation is noted.

**Doppler for Preeclampsia screening:**

- Average Uterine artery PI: 1.9 (on the higher side)

**Risks from history only (age and previous birth history)**

- Trisomy 21: - 1 in 109
- Trisomy 18: - 1 in 256
- Trisomy 13: - 1 in 833

**Risks from history plus NT, FHR**

- Trisomy 21: - 1 in 1000
- Trisomy 18: - 1 in 1250
- Trisomy 13: - 1 in 10000

This software is based on research carried out by The Fetal Medicine Foundation. Neither the FMF nor any other party involved in the development of this software shall be held liable for results produced using data from unconfirmed sources. Clinical risk assessment requires that the ultrasound and biochemical measurements are taken and analyzed by accredited practitioners and laboratories.

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