Dr. Akanksha S. Khambayate
MBBS, DMRE (Radiologist)
MMC Reg. No. 2010072429
FMF(UK) ID : 281388
Special Training in - Fetal Medicine
ScholarMD - 2022

MAHARSHI IMAGING CENTRE

■ SONOGRAPHY ■ COLOUR DOPPLER

Name	PRADNYA KINGE	**Date**	22/04/2025
Patient Id	6210	**Sex**	FEMALE
Ref. Doctor	DR. ASHWINI DESHMUKH MAAM	**Age**	31 Years

OBSTETRIC EARLY DETAILED SCAN

Height : 154 cm	BP		MAP
Weight : 56 Kg	Systolic	117	93.67
BMI : 23.61	Diastolic	82	mmHG

Dating	LMP	GA		EDD
		Weeks	Days	
By LMP	LMP: 24/01/2025	12	4	31/10/2025
By USG		13	1	

There is a single gestation sac in uterus with a single fetus within it in changing lie and presentation.
The fetal cardiac activities are well seen.
Placenta is **anterior high** . No obvious retroplacental clot / collection seen.
AMNIOTIC FLUID : Normal
Internal os is closed and length of cervix is normal 37.9 mm.

The fetal growth parameters are as follow :

	mm	Weeks	Days
Crown Rump Length :	67.7	13	1
Biparietal Diameter :	22.2	13	5
Head Circumference :	77.8	13	2
Abdominal Circumference	61	12	6
Femoral Length	9.1	12	5
Heart Rate :	159 Beats Per Minute.		
ANUEPLOIDY MARKRES			
Nuchal Translucency	2.0 mm 65%		
Nasal Bone	2.3 mm 9.1%		
No Tricuspid Regurgitation			
Ductus Venosus Waveform	Normal waveform Pattern		

FETAL STRUCTURAL EVALUATION	
Head – Cranial vault , Mid line falx , Choroid plexus with butterfly sign.	Seen
Normal Intracranial translucency of size 1.7 mms .	Seen
Face – in Profile, Retro nasal Triangle Integrity , 2 Orbits .	Seen
Heart- 4 CH , Two inflow , two Out flow tracts (Tick mark sign) .	Seen
Symmetric **Lungs** fields seen , No obvious mass .	Seen
Abdomen – Normal CI , Stomach in left upper quadrant , Kidneys , Bladder	Seen
Extremities – Four limbs with three segments.	Seen

For Appointment Call : 8767259406

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Radiologist

14, Altius B Wing, First Floor, "Space Olympia", Sut Girni Chowk, Garkheda, Aurangabad - 431005.

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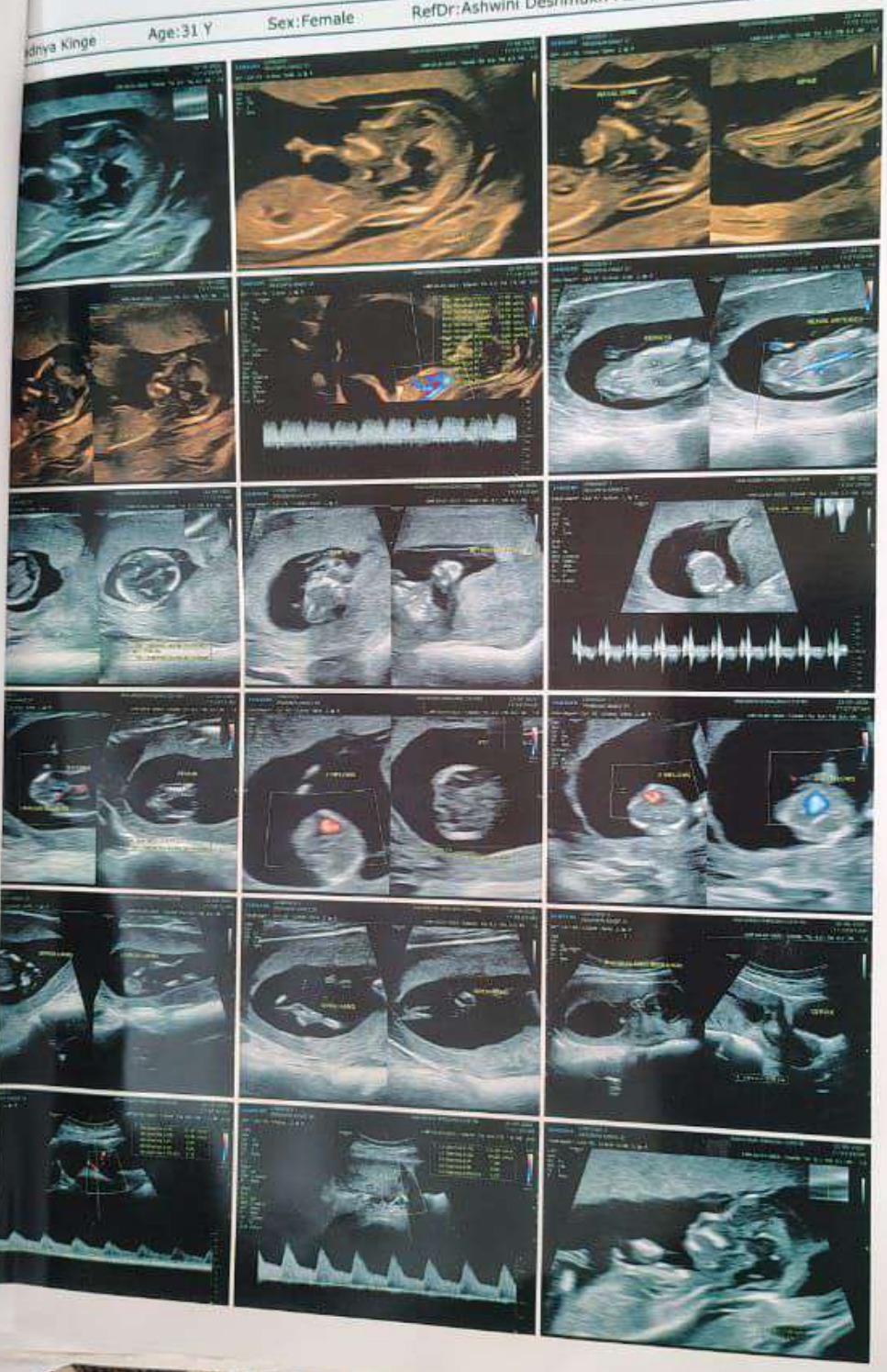
dniya Kinge Age:31 Y Sex:Female RefDr:Ashwini Deshmukh Maam Date:22-Apr-2025



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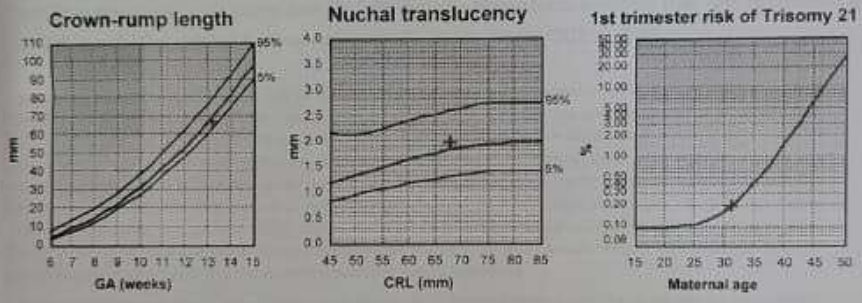
Spine –normal contour With intact overlying skin	Seen

Vessels	PI	PI Percentile	Remarks
Mean Uterine Artery	0.95	1%	Normal less than 95th centile
Ductus venosus	0.49		PSV=-27.92 Normal waveform Pattern

	Risk From History Only	Risk From History Plus NT, FHR (Fetal medicine by UK)
Trisomy 21:	1 in 500	1 in 2000
Trisomy 18:	1 in 1250	1 in 5000
Trisomy 13:	1 in 3333	1 in 10000



First trimester: Pre Ultrasound Maternal age risk for Trisomy21 is **1 in 543**

T21 Risk	
From – NT	1 in 1939
From - NT-NB-DV-FHR	1 in 9392

CONCLUSION:

- **SINGLE LIVE INTRAUTERINE FETUS OF 13 WEEKS 1 DAYS IS PRESENT.**
- **NT is within normal range for CRL .**
- PLACENTA IS anterior HIGH.
- CERVIX IS 37.9 mm.
- GESTATIONAL AGE IS ASSIGNED AS PER BIOMETRY . Corrected EDD is 01/11/2025.
- Menstrual age is 12 weeks 4 days .

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Preeclampsia risk From (fetalmedicine.org UK)	
History only	History plus MAP, UTPI
< 37 weeks: 1 in 54	< 37 weeks: 1 in 143

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 use 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%.

- **Combined risk assessment with biochemical markers is suggested .**

Early fetal structural evaluation doesn't rule out any major fetal anomaly that can be evident at 19 – 20 weeks scan . Suggested Anomaly scan at 19 weeks: 06/06/2025 ± 2 days

Please note that all anomalies can not be detected all the times due to various technical and circumstantial reasons like gestation period, fetal position, quantity of liquor etc. The present study can not completely confirm presence or absence of any or all the congenital anomalies in the fetus which may be detected on post natal period. Growth parameters mentioned herein are based on International Data and may vary from Indian standards. Date of delivery (at 40 weeks) is calculated as per the present sonographic growth of fetus and may not correspond with period of gestation by L.M.P. or by actual date of delivery. As with any other diagnostic modality, the present study should be correlated with clinical features for proper management. Except in cases of Fetal Demise or Missed Abortion, sonography at 20-22 weeks should always be advised for better fetal evaluation and also for base line study for future reference.

I, Dr. Akanksha Khambayate declare that while conducting sonography on PRADNYA KINGE (name of pregnant woman), I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

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