



Patient name	Mrs. RINKU VIJAY SHAHAKAR	Age/Sex	31 Years / Female
Patient ID	E79276-25-04-25-1	Visit no	1
Referred by	Dr. KARUNA MURKEY, M.D. (OB GY)	Visit date	25/04/2025
LMP date	25/01/2025, LMP EDD: 01/11/2025[12W 6D]		

OB - First Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Maternal

Cervix measured 3.98 cm in length.
os closed.

Right Uterine	0.9	●—(3%)
Left Uterine	1.1	●—(8%)
Mean PI	1	●—(4%)

Fetus

Survey

Placenta	: Anterior
Liquor	: Normal
Umbilical cord	: Three vessel cord seen.
Fetal activity	: Fetal activity present
Cardiac activity	: Cardiac activity present Fetal heart rate - 160 bpm

Biometry(Hadlock, Unit: mm)

CRL	86.5, 12W 6D
BPD	21.8, 13W 3D
HC	80, 13W 3D
AC	66.8, 13W 2D
FL	10.8, 13W 1D

Aneuploidy Markers (mm)

Nasal Bone	3.08	●—(51%)
	Present	
NT	1.87	●—(79%)
	Normal	
Ductus Venosus	No "a" wave reversal	
Tricuspid Regurgitation	No tricuspid regurgitation seen.	



1 Year
5/04/25
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Fetal Anatomy

Head : Skull/brain appears normal.
Intracranial structures appears normal.
Choroid plexuses are symmetrical.
Falx visualised.
Butterfly sign present.
Posterior fossa is normal.
Intracranial translucency is normal.

Neck : Neck appears normal.

Spine : Spine appears normal.

Face : PMT and orbits seen.
Double line sign of palate and vomer seen.
No evidence of any maxillary gap.

Thorax : Thorax appears normal.

Heart : Four chamber and outflow tracts appears normal.

Abdomen : Stomach bubble appears normal.
Cord insertion seen.

KUB : Bladder appears normal.
Kidneys could not be evaluated at present.
Umbilical arteries seen by the side of urinary bladder.

Extremities : Both upper limbs and lower limbs seen.

Note:-This is an obstetrical ultrasound, mainly done for estimation age, amount of liquor, placental position and general well being of foetus and for evaluation of congenital anomalies. Moreover, the anomalies in relation to foetal heart and limbs are extremely difficult to detect due to constantly changing position of foetus and overlapping of its various parts. The thickness of abdominal wall fat when increased adversely affects the visualisation of structures and reduces resolution. Not all congenital anomalies can be detected on antenatal ultrasound. Some are evolving anomalies and may not be seen on initial ultrasound examination. Some anomalies can only be diagnosed in advanced stage of gestation and may not be seen in initial ultrasound examination. Findings such as increased NT or nuchal fold thickness, echogenic intracardiac focus, choroid plexus cyst are transient in nature and may disappear in later stage of gestation. Only less than 60 percent of cardiac anomalies are detected on detailed fetal echocardiography.

Impression

Intrauterine gestation corresponding to a gestational age of 12 Weeks 6 Days

Gestational age assigned as per LMP

Placenta - Anterior

Liquor - Normal

Single live intrauterine pregnancy with maturity of **13 weeks 2 day of gestation**.

Established EDD-01/11/2025 (Assigned as per LMP).

No obvious evidence of any congenital anomaly at present.

Low risk for aneuploidy.

Mean uterine artery PI 1 (Low risk for Preeclampsia / FGR). Prophylactic low dose Aspirin not needed.



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Adv:- Level II Anomaly scan at 18-20 Weeks.

Please correlate clinically.

First trimester screening for Downs

Maternal age risk 1 in 755

Fetus	Risk estimate - NT	Risk estimate - NT + NB	Markers name
A	1 in 2288	1 in 7626	Nasal Bone Present

Disclaimer

Dr.Ravindra Kalode declare that while conducting ultrasonography/image scanning on this patient , I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Dr.Ravindra R.Kalode MD(Radiodiagnosis) MMC Reg No:70454
Foetal Medicine Foundation (UK) certified. FMF ID 204450

I RINKU VIJAY SHAHAKAR
diagnostic test / procedure. I do not want to know sex of my fetus.

Declare that by undergoing prenatal

Signature of pregnant woman.