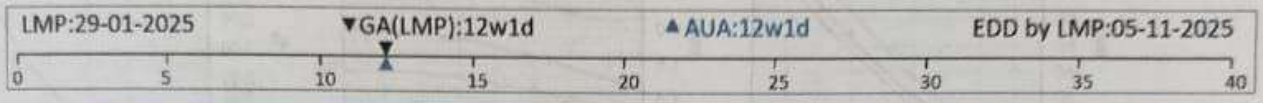
Kushal Maternity Home & Sonography Center

27, Ganesh Co-op Hsg. Society, Bajrang Chowk, N-8-A, CIDCO, Aurangabad 431003.
Ph.:2484700 Mob.: 9028727864

Patient Name: **DIVEKAR GAURI AMOL**	Date: **24/04/2025**
Patient Id: **6624** Ref Phy:	Age/Sex: **28 Years / FEMALE**

OBSTETRIC NT SCAN

Height : 164 cm	BP		MAP
Weight : 55 kg	Systolic	110	83.33 mmHG
BMI : 20.45	Diastolic	70	



Dating	LMP	GA		EDD
		Weeks	Days	
By LMP	LMP: 29/01/2025	12	1	05/11/2025
By USG		12	1	05/11/2025
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.

Chorion frondosum/Placenta is **anterior low lying Grade I** in nature.

Amniotic Fluid: Normal

Internal os is closed and length of cervix is normal 2.8 cm.

Embryonal Growth Parameters	mm	Weeks	Days
Crown Rump Length	55.8	12	1
Heart Rate	166 Beats Per Minute.		
The Embryo attains 40 weeks of age on	05/11/2025		
Nuchal Translucency	0.9 mm 13%		
Nasal Bone	2.2 mm 14.6%	15%	
Hands, Limbs, Nasal Triangle Integrity, Bladder, Stomach & Umbilical Arteries	Seen		
Ductus Venosus Waveform	Normal waveform Pattern		

Vessels	S/D	RI	PI	PI Percentile	Remarks
Right Uterine Artery	7.7	0.87	2.39	92.2%	No early Diastolic notch seen
Left Uterine Artery	2.82	0.65	1.22	9.6%	No early Diastolic notch seen
Mean Uterine Artery			1.81	62%	Normal
Ductus venosus	3.99		1.31		PSV=-18.1 Normal waveform Pattern

Risk From History Only	Risk From History Plus NT, FHR (Fetal medicine by UK)

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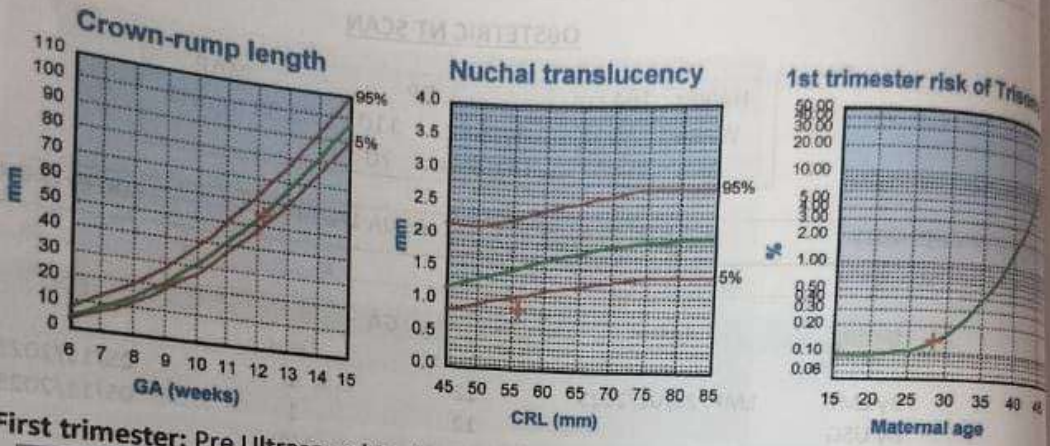
Trisomy 21:	1 in 714	1 in 5000
Trisomy 18:	1 in 1667	1 in 10000
Trisomy 13:	1 in 5000	1 in 10000



First trimester: Pre Ultrasound Maternal age risk for Trisomy21 is **1 in 760**

T21 Risk	
From – NT	1 in 4471
From - NT-NB-DV-FHR	1 in 23479

Preeclampsia risk From (fetalmedicine.org UK)

History only	History plus MAP, UTPI
< 37 weeks: 1 in 625	< 37 weeks: 1 in 909

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 low risk for developing PE before 37 weeks. Nevertheless, it is recommended that the risk is reassessed at 20 and 36 weeks.

CONCLUSION:

- **SINGLE LIVE INTRAUTERINE FETUS OF 12 WEEKS 1 DAYS IS PRESENT.**
- **PLEASE CORRELATE WITH DUAL/TRIPLE MARKER TEST.**

Suggested Anomaly scan at 19 weeks: 11/06/2025 ± 2 days

Please note that all anomalies can not be detected all the times due to various technical and circumstantial reason gestation period, fetal position, quantity of liquor etc. The present study can not completely confirm presenc absence of any or all the congenital anomalies in the fetus which may be detected on post natal period. Gr parameters mentioned herein are based on International Data and may vary from Indian standards deliver 40 weeks) is calculated as per the present sonographic growth of fetus and may not correspond w gesta by L.M.P. or by actual date of delivery. As with any other diagnostic modality, the present stud orrel

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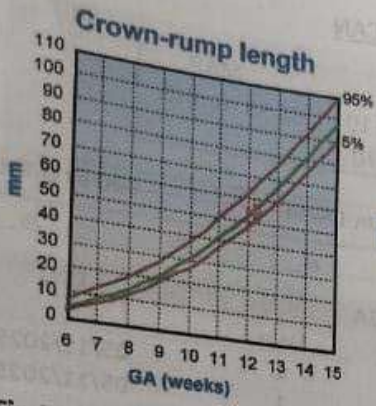

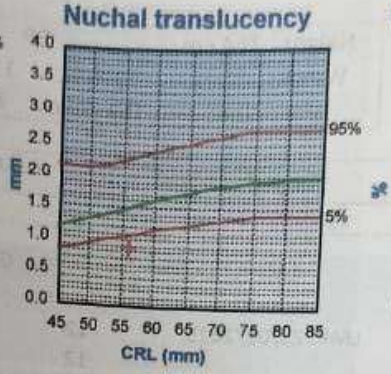

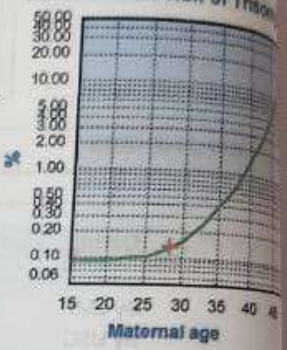

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