



DAFFODILS
Bayer Fertility, Fetal Care and Day-Care Institute of Laparo-Scopy

tender loving care....

DR. JAGRUTI B. MURKEY

DNB (Obs & Gyn), DGO, FCPS, DFP, MBBS (Mumbai)
2 yrs Fellowship in Fetal Medicine (Mediscan Chennai)
Ex. Consultant in Mediscan (Chennai)
Certified for NT Scan by FMF, London, UK

Patient name	Mrs. AFREEN KHALID QURESHI	Age/Sex	25 Years / Female
Patient ID	D07845	Visit No	3
Referred by	Dr. KARUNA MURKEY	Visit Date	23/04/2025
LMP Date	19/01/2025 LMP EDD: 26/10/2025[13W 3D]		

OB - First Trimester Scan Report

Indication(s)

FIRST TRIMESTER NUCHAL TRANSLUCENCY AND ANOMALY SCAN

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Maternal

Cervix measured 3.00 cms in length.

Right uterine PI : 2.35.

Left uterine PI : 1.9.

Mean PI : 2.12 (83%ile)

Fetus

Survey

Placenta : Posterior
Liquor : Normal
Umbilical cord : Two arteries and one vein
Fetal activity : Fetal activity present
Cardiac activity : Cardiac activity present
Fetal heart rate - 148 bpm

Biometry(Mediscan,Hadlock)

BPD 23 mm 13W 4D	HC 86.43 mm 13W 2D	AC 64.43 mm 13W 3D	FL 11 mm 13W
5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%

CRL - 76 mm(13W 4D)

Aneuploidy Markers

Nasal Bone : seen

Nuchal translucency : 1.6 mm Normal.

Ductus venosus : normal flow.

Tricuspid regurgitation : No evidence of tricuspid regurgitation..

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Fetal Anatomy

Head: normal, Neck: normal, Spine: normal, Face: normal, Thorax: normal, Heart: normal, Abdomen: normal, KUB: normal, Extremities: normal
 Head: Both lateral ventricles seen. Intracranial translucency appeared normal.
 Face: Orbits and Premaxillary triangle seen
 Heart: Heart - Two inflows and outflows imaged in colour.

Impression

INTRAUTERINE GESTATION CORRESPONDING TO A GESTATIONAL AGE OF 13 WEEKS 3 DAYS
 GESTATIONAL AGE ASSIGNED AS PER LMP
 PLACENTA - POSTERIOR
 LIQUOR - NORMAL

MATERNAL - RIGHT UTERINE ARTERY DOPPLER SHOWS HIGH RESISTANCE TO FLOW
 - (PI > 95 %tile) S/O increased risk of fetal growth restriction and / or preterm pre eclampsia.

SUGGESTED

1. COMBINED FIRST TRIMESTER SCREENING FOR DOWNS SYNDROME. (Blood test cut off CRL 84mm)
2. KINDLY CONSIDER STARTING LOW DOSE ASPIRIN IN VIEW OF INCREASED UTERINE ARTERY PI. (150 mg as per new ASPRE trial)
3. DETAILED ANOMALY SCAN AT 20 WEEKS. (Please bring referral letter.)

Note - Nuchal translucency NT was measured as per FMF (Fetal Medicine Foundation U.K.) Guidelines.

I Mrs. Afreen Khalid Declare that while undergoing Ultrasonography, I do not want to know the sex of my fetus.
DECLARATION - I declare that while conducting ultrasonography / image scanning, I have neither detected nor disclosed the sex of the fetus to anybody in any manner. All congenital anomalies and genetic conditions may not be detected on ultrasonography due to limitations like fetal position, amount of liquor, previous scars, Small VSDs, late appearance of few anomalies, TO fistula and structures that are not part of routine imaging protocol. Detailed fetal echo not included in this scan.

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Afreen
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