



Nucleus Diagnostic Centre

Discover Disease, Recover Health

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Patient Name: **MANNAT ASHISH BATRA**

Date: **02/05/2025**

Ref Dr.: **DR. KARUNA MURKEY (M.D. (OB.&GY))**

Age/Sex: **33 Years / FEMALE**

USG OF GRAVID UTERUS (NUCHAL TRANSLUCENCY SCAN)

Single intrauterine live gestation is seen in variable position.

Placenta is posterior with Grade 0 maturity with its lower end 2.2 cm away from the internal os. Internal os is closed. Cervical length is 33.2 mm.

Liquor is adequate.

Fetal cardiac activity is seen and heart rate is 146 beats per minute.

Nuchal translucency measures 2.3 mm (76% + + + • +).

Nasal bone is visualized and measures 3.5 mm (44.4% + + • + +).

Ductus venosus shows normal spectral pattern. No e/o tricuspid regurgitation.

FETAL BIOMETRY:

LMP: 26-01-2025		▲ AUA: 13w4d		▼ GA(LMP): 13w5d		EDD by LMP: 02-11-2025	
Dating	LMP	Weeks	Days	Weeks	Days	Weeks	Days
By LMP	LMP: 26/01/2025	13	5			02/11/2025	
By USG CRL		13	4			03/11/2025	

AGREED DATING IS (BASED ON LMP)

CRL	74.6 mm	13 weeks 4 days
BPD	26.3 mm	14 weeks 4 days
HC	104.8 mm	15 weeks 0 days

No obvious congenital anomaly is seen at this stage.

Vessels	S/D	RI	PI	PI Percentile
Right Uterine Artery	4.27	0.77	1.77	70.8% + + + • +
Left Uterine Artery	31.21	0.97	3.33	99.98% + + + •
Mean Uterine Artery			2.55	98% + + + ➤



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Patient Name: MANNAT ASHISH BATRA	Date: 02/05/2025
Ref Dr.: DR. KARUNA MURKEY (M.D. (OB.&GY))	Age/Sex: 33 Years / FEMALE

First trimester: Pre Ultrasound Maternal age risk for Trisomy21 is **1 in 383**

Fetus	Risk estimate – NT
A	1 in 1368

IMPRESSION:

- Single intrauterine live gestation of 13 weeks 4 days as per CRL.
- Menstrual age 13 weeks 5 days.
- Placenta posterior with its lower end 2.2 cm away from the internal os.
- Internal os is closed. Cervical length is 33.2 mm.
- Nuchal translucency measures 2.3 mm (76% ).
- Nasal bone is visualized and measures 3.5 mm.
- Ductus venosus shows normal spectral pattern.
- No e/o tricuspid regurgitation.
- Raised mean uterine artery PI 2.55 (98% ).

SUGGEST:

1. FIRST TRIMESTER DUAL MARKER SCREEING.
2. FOLLOW UP STUDY TO RULE OUT ANOMALIES AT 18-20 WEEKS

Note: It must be noted that detailed fetal anatomy may not always be visible due to technical difficulties related to fetal position, fluid volume, fetal movements, and patient's abdominal wall thickness. Therefore all fetal anomalies may not necessarily be detected at every examination.

DECLARATION: I have neither detected nor disclosed the sex of the fetus to anyone in any manner.

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