



Cancer Is Curable If Detected Early

Fetal Medicine Foundation Certification no. 172004

Jail Road, AMBIKAPUR, Surguja (C.G.), E-mail : shrishyamdiagnostic88@gmail.com, www.shrishyamdiagnostic.in, Ph. : 9111330088, 92016 45085

Vessels	S/D	RI	PI	PI Percentile	Remarks
Right Uterine Artery	5	0.8	1.94	76%	No early Diastolic notch seen
Left Uterine Artery	4.8	0.79	1.92	74.7%	No early Diastolic notch seen
Ductus venosus	4.7	0.79	1.94		PSV=54.4 Normal waveform Pattern

	Risk From History Only	Risk From History Plus NT, FHR
Trisomy 21:	1 in 370	1 in 2500
Trisomy 18:	1 in 909	1 in 3333
Trisomy 13:	1 in 2500	1 in 10000

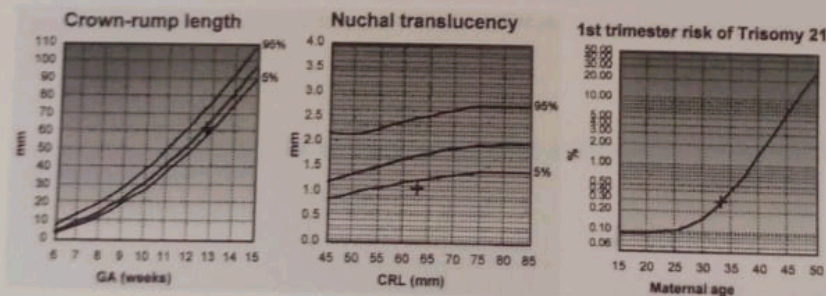
Preeclampsia risk From (fetalmedicine.org UK)

History only	History plus MAP, UTPi
< 37 weeks: 1 in 86	< 37 weeks: 1 in 139

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%.

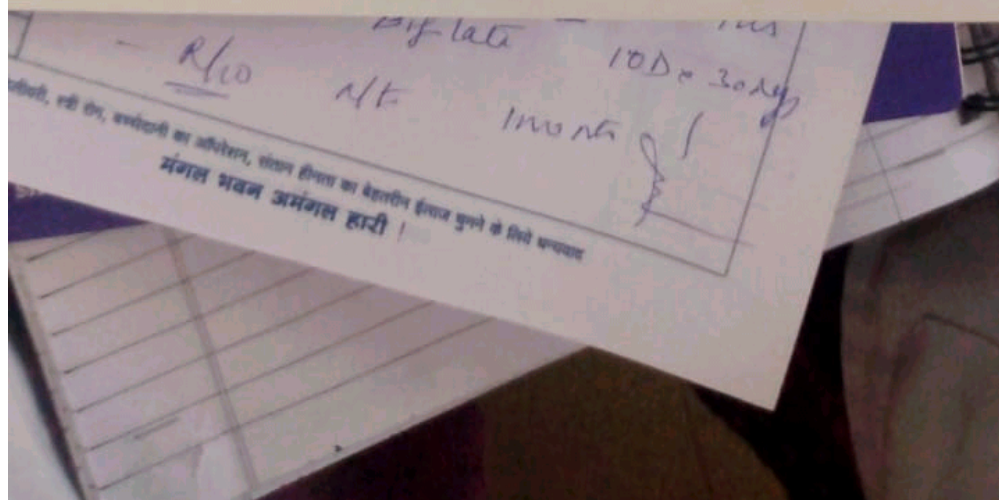


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Shri Shyam Diagnostic
Imaging and Interventions
If Detected Early



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Dr. Sujeet Agrawal

MBBS, MD, Radiodiagnosis

(दादा मेमोरियल हॉस्पिटल, मुम्बई)

Fellow Ship in advanced ultrasound and fetal Medicine (Mumbai)

Reg. No.: CGMC-7891/2018

Fetal Medicine Foundation Certification No. 172622

DATE: 06-05-2025

NAME: Mrs PRIYA GOYAL

AGE/SEX: 33 Y Female

REF. BY: DRAPEKSHA SINGH GAHARWAR, D.G.O

OBSTETRIC EARLY DETAILED SCAN

Height : 157 cm	BP	MAP
Weight : 66 Kg	Systolic 110	83.33
BMI : 26.78	Diastolic 70	mmHG

LMP:05-02-2025	▲AUA:12w5d	▼GA(LMP):12w6d	EDD by LMP:12-11-2025					
0	5	10	15	20	25	30	35	40

Dating	LMP	GA	Weeks	Days	EDD
By LMP	LMP: 05/02/2025	12	12	6	12/11/2025
By USG		12	12	5	13/11/2025

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 in nature.

AMNIOTIC FLUID: Normal in range.

Internal os is closed and length of cervix is normal 41.1 mm.

The embryonal growth parameters are as follow :

	mm	Weeks	Days
Crown Rump Length :	62.6	12	5
Heart Rate :	Beats Per Minute.		
The Embryo attains 40 weeks of age on :	13/11/2025		
Nuchal Translucency	1.1 mm 14%		
Nasal Bone	3.0 mm 45.2%		
Hands, Limbs, Nasal Triangle Integrity, Bladder, Stomach & Umbilical Arteries			Seen
Ductus Venosus Waveform	Normal waveform Pattern		

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

T21 Risk	
From - NT	1 in 2253
From - NT-NB-DV-FHR	1 in 11740

CONCLUSION:

- SINGLE LIVE INTRAUTERINE FETUS OF 12 WEEKS 5 DAYS IS PRESENT.
- NORMAL NUCHAL TRANSLUCENCY AND NASAL BONE.
- HIGH RISK FOR PIH.

PLEASE CORRELATE WITH DUAL/TRIPLE MARKER TEST.
Suggested Anomaly scan at 18-20 weeks: 11/06/2025-25/06/2025 \pm 2 days.

Dr. Sujeet Agrawal
MD RADIODIAGNOSIS
(TMH MUMBAI)

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. SUJEET AGRAWAL declare that while conducting sonography on PRIYA (name of pregnant woman), I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

REQUEST FOR OBSTETRIC USG ON YOUR LETTER HEAD IS MANDATORY (PCPNDT ACT). PLEASE COMPLY.

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1 unread message

DOB 07/10/1992

LMP 31/01/2025

hight 5.2

wight 62 kg

2:40 PM