

- E.C.G. (Electro Cardiogram)
- 24 Hour Ambulatory BP Monitoring
- Preventive Health Checkup Plans
- Stress Test (Computerised)
- H.S.G.
- E.E.G.
- Dermatology (Skin Care)
- Pathology
- Mammography (Digital)
- 3D/4D Sonography
- Color Doppler

Other Facilities :- Online Reporting | Home Visit | 7 Days Open

Name: Mrs. Mrunmayi Uday Alurkar
Age: 34 Yrs / Female
Ref. By: Dr. Manjusha Prabhune

Date: Monday, May 5, 2025
PRN : 26/891

OBSTETRIC ULTRASOUND NT SCAN (TAS)

(With relevant image copies)

LMP: 07/02/2025	GA by USG	12 Weeks 3 days	EDD by USG	14/11/2025
	GA by USG	13 Weeks 1 day	EDD by USG	09/11/2025

Uterus gravid with e/o two intrauterine gestational sacs are seen. Sac margins are regular.

Fetal pole seen at sac 1 on maternal right.

Good cardiac activity. FHR – 172 bts / min.

CRL: 69.1 mm - 13 weeks 1 day.

Decidual reaction is good. No Subchorionic bleed or collection.

Liquor normal.

Placenta is forming anteriorly. Low lying, lower end of placenta is 1.8 cm away from internal os (May migrate up as pregnancy advances).

Nuchal translucency is within normal limits 1.22 mm.

Nasal bone seen, normal.

Normal appearing Ductus venosus flow.

No fetal pole or yolk sac noted in second gestational sac on maternal left.

G Sac: 25.8 mm – 7 weeks 4 days.

Maternal survey:

Right Uterine artery - PI: 1.45 Left Uterine artery - PI: 1.26

Mean uterine artery PI – 1.35 (27 percentile).

No focal myometrial lesions. A corpus luteal cyst of size 31 x 30 mm is noted at left ovary.

Internal os is closed. Cervix measures 3.5 cm.

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IMPRESSION:

- Two gestational sacs with one on maternal right showing single live intrauterine gestation corresponding to 13 weeks 1 day in maturity. NT normal.
- Low lying placenta (May migrate up as pregnancy advances).
- No fetal pole or yolk sac noted in second gestational sac at present scan.
- Left ovarian corpus luteal cyst.

Advised correlation with double marker and detailed anomaly scan around 20 weeks.

I, Dr. Vaishali Rajendra Dhande, the undersigned hereby declare that while conducting ultrasonography on Mrs. Mrunmayi Uday Alurkar I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

DR. VAISHALI DHANDE
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Reg. No. 85490.

(Note: Sonography has its limitations and the result should be correlated with clinical and other relevant patient data. Detection of congenital anomalies depends on fetal age, position, liquor amount, maternal obesity etc. Anomalies present may not always be visualized in a particular scan. The present study cannot completely confirm absence of any or presence of all congenital anomalies in the fetus which may be detected in the post natal period. USG markers for screening of chromosomal anomalies may not be always evident & as such there absence may not be totally ruled out. All the measurements are subject to statistical variation.)