

**USG – EARLY OBG WITH NT SCAN**

NAME OF PATIENT: SHRUTIKA WASNIK      AGE: 29Y/F  
DATE : 15/05/2025  
REF. BY : DR. VIDYA SUTAONE (MBBS, MD, GYN & OBS)

**LMP: 17/02/2025      MENSTRUAL AGE: 12 WEEKS 3 DAYS**

Single intrauterine gestation sac noted.  
Fetal poles visualized.  
Regular cardiac activity noted. Heart rate- 152 bpm.

- CRL: 57.97 mm- 12 WEEKS 2 DAYS
- Sonic Gestational Age: 12 WEEKS 2 DAYS.
- EDD (LMP) : 24/11/2025
- Sonic EDD : 25/11/2025

**Nuchal translucency- 1.81 mm (66<sup>TH</sup> percentile for CRL).**

**Intracranial translucency- 1.73 mm.**

Nasal bone seen. Ductus venosus shows normal triphasic wave form.  
Limb buds appears normal.  
Skull bones appear normal.  
Midline falx visualized.  
Posterior fossa appears to be normal.  
Fetal spine appears grossly normal.  
Liquor is adequate for gestational age.  
Overall fetal profile is satisfactory.

**Placenta** – developing on anterior wall, grade 0. No focal lesion.

**Cervical length 3.6 cm** & internal OS is normal appearing.  
Adnexae reveals no abnormality.

**PTO**

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**COLOUR DOPPLER STUDY (ref. Fetal Barcelona calculator chart)**

Vessels	PI	Mean PI	Percentile	Result	Interpretation in percentile
Right uterine artery	0.67	0.72	<1	Normal	Mean uterine artery PI above 95 <sup>th</sup> is abnormal.
Left uterine artery	0.78				

[PI- pulsatility index.]

Scanned vessels show normal waveform.

**OPINION: - Sonographic study reveals -**

- Single live intrauterine fetus of sonic AGA – 12 weeks 2 days near corresponding with menstrual age.
- Nuchal translucency is 66 percentile for CRL.
- No other sonographic abnormality noted at present scan for current fetal position and gestational age.

Suggested clinical, laboratory (double marker) correlation and ANOMALY SCAN at 18 to 20 weeks.

I, Dr. Kamlesh Bagde declare that, while conducting ultrasonography on above patient, have neither detected nor disclosed the sex of the foetus to anybody in any manner.

*Thanks for referral.*

Note: All measurements including estimated foetal weight are subject to statistical variations. The gray scale 2D ultrasonography has its limitations and hence all congenital anomalies cannot be ruled out on this report alone and further evaluation is desirable.

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Based on available imaging findings. + This report is not an evidence for medico-legal purpose.