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|--------------|--|------------|-------------------|
| Patient name | Mrs. REKHA HARISH KINGRANI | Age/Sex | 32 Years / Female |
| Patient ID | D10230 | Visit No | 5 |
| Referred by | Dr. KARUNA MURKEY | Visit Date | 14/05/2025 |
| LMP Date | 10/02/2025 LMP EDD: 17/11/2025(13W 2D) | | |

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

Poor penetration of sound waves due to thick abdominal wall.

Maternal

Cervix measured 3.00 cms in length.

Right uterine PI : 1.5.

Left uterine PI : 2.8.

Mean PI : 2.15 (84%ile)

Fetus

Survey

Placenta : Anterior

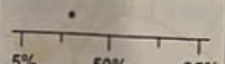
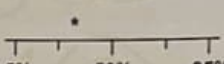
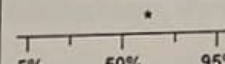
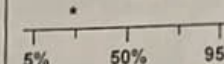
Liquor : Normal

Umbilical cord : Two arteries and one vein

Fetal activity : Fetal activity present

Cardiac activity : Cardiac activity present
Fetal heart rate - 152 bpm

Biometry(Mediscan,Hadlock)

| | | | |
|---|---|---|--|
| <p>BPD 20 mm 12W 5D</p>  | <p>HC 80.14 mm 12W 6D</p>  | <p>AC 69.14 mm 13W 5D</p>  | <p>FL 9 mm 12W 4D</p>  |
|---|---|---|--|

CRL - 69 mm(13W 1D)

Aneuploidy Markers

Nasal Bone : seen

Nuchal translucency : 1.5 mm Normal.

Ductus venosus : normal flow.

Tricuspid regurgitation : No evidence of tricuspid regurgitation..

Galaxy S25 Ultra

Mrs. REKHA HARISH KINGRANI / D10230 / 14/05/2025 / Visit No 5

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 2 DAYS

GESTATIONAL AGE ASSIGNED AS PER LMP

PLACENTA - ANTERIOR

LIQUOR - NORMAL

MATERNAL - LEFT 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. Rekha Kingrani 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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