

17/5/95

① Mrs. Kameshwari Bachel
Age - 29 y/f

Double Marked

DOB - 17/5/1995

(M) - 3/2/2025

Height - 5 feet

Weight - 44 kg



NAME : MRS. KUMESHWARI BAGHEL
AGE : 29 Years / FEMALE
REF. BY : DR. MANASI GULATI (MBBS DNB)

DATE : 17/05/2025

OB-First Trimester Scan Report (NT Scan)

Real time B-mode ultrasonography of gravid uterus done.

Dating	LMP	GA		EDD
		Weeks	Days	
By LMP	LMP: 09/02/2025	13	6	16/11/2025
By Corrected EDD		13	0	22/11/2025
By USG		13	2	20/11/2025

AGREED DATING IS (BASED ON Corrected EDD)

Maternal:

Cervix measured 2.9 cm in length. Os closed.

Right uterine PI : 2.35

Left uterine PI : 2.6

Mean PI : 2.48 (96% + - -Pathological)

Fetus Survey : Single live intrauterine fetus.

Placenta : Anterior wall, reaching the internal os

Liquor : Normal

Fetal activity : Fetal activity present.

Fetal heart rate - 163 bpm

Biometry (Hadlock)

BPD	HC	AC	FL
2.2 cm	8.5 cm	6.5 cm	1.0 cm
13W 4D	13W 5 D	13W 1 D	13 W 0 D

CRL- 69.4 mm (13 W 1 D), IT (Intracranial translucency) - 1.6 mm.

Aneuploidy Markers

Nasal Bone : Present

Nuchal translucency : 1.8 mm- Normal.

Ductus venosus : No "a" wave reversal.

Tricuspid regurgitation : No tricuspid regurgitation seen.

Fetal anatomy:

Head : Skull/brain appears normal.
Intracranial structures appear normal.

Neck : Neck appears normal.

Spine : Spinal curvature appears normal.

Face : PMT and orbits seen.

Thorax : Thorax appears normal.

Heart : Four chamber and outflow tracts grossly appear normal on colour doppler.

Abdomen : Stomach bubble appears normal.

Cord insertion seen.

KUB : Bladder appears normal.
Kidneys could not be evaluated at present.

Extremities : Both upper limbs and lower limbs seen.



NAV KAR

DIAGNOSTIC & EYE CLINIC

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DATE : 17/05/2025

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IMPRESSION:

- Single live intrauterine gestation corresponding to gestational age of 13 weeks 2 days.
- Menstrual age is 13 weeks 6 days.
- Assigned EDD as per 1st USG: 22/11/2025.
- EDD (by LMP): 16/11/2025.
- Measured nuchal translucency (1.8 mm) is 49 Percentile $\rightarrow$.
- Uterine artery screen positive for PIH. (96% $\rightarrow$ -Pathological).
- No obvious gross fetal structural anomaly is noticed in this examination.

COMMENTS:

First Trimester Screening for Trisomies:

	Risk From History Only	Risk From History Plus NT, FHR (Fetal medicine by UK)
Trisomy 21	1 in 667	1 in 3333
Trisomy 18	1 in 1667	1 in 10000
Trisomy 13	1 in 5000	1 in 10000

PLEASE NOTE

- All abnormalities and genetic syndromes cannot be ruled out by ultrasound examination.

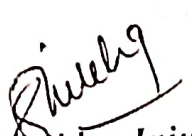
SUGGESTED:

- Double marker correlation.
- TIFFA (level II) scan between 19-20 weeks.

Disclaimer:

I Dr. Shikha Jain declare that while conducting ultrasonography/image scanning on this patient, have neither detected nor disclosed the sex of fetus to anybody in any manner.

Thanks for the reference,
With regards.


Dr. Shikha Jain
MBBS DMRD
FMB (UK) CERTIFIED (11-13 weeks scan)
Consultant Radiologist.

These reports are for assisting doctors, physicians in their treatment and not for medico legal purpose and should be used judiciously.
Dr. Shikha Jain
MBBS, DMRD
CGMC/ 3605/2011

This report is for perusal of the doctor not the definitive diagnosis; findings have to be clinically correlated, Ultrasound limitations in obese patients and in retro peritoneal organs. All congenital abnormalities cannot be detected on ultra