

Patient name	Mrs. TABASSUM MOHAMMAD JAVED	Age/Sex	33 Years / Female
Patient ID	D24539	Visit No	1
Referred by	Dr. KARUNA MURKEY	Visit Date	08/05/2025
LMP Date	18/01/2025 LMP EDD: 25/10/2025[15W 5D] C-EDD: 04/11/2025[14W 2D]		

OB - 2/3 Trimester Scan Report

Indication(s)

EARLY ANOMALY SCAN

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Maternal

Cervix measured 3.40 cms in length.

Right uterine PI : 2.8.

Left uterine PI : 1.2.

Mean PI : 2.00 (83%ile)

Fetus

Survey

Presentation	: Variable
Placenta	: Posterior
Liquor	: Normal
Umbilical cord	: Two arteries and one vein
Fetal activity	: Fetal activity present
Cardiac activity	: Cardiac activity present Fetal heart rate - 145 bpm

Biometry (Hadlock)

BPD 27 mm 14W 4D			HC 100.57 mm 14W 2D			AC 84.86 mm 14W 6D			FL 15 mm 14W 2D			EFW BPD,HC,AC,FL 102 grams		
*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
5%	50%	95%	5%	50%	95%	5%	50%	95%	5%	50%	95%	5%	50%	95%

Aneuploidy Markers

Nasal Bone : seen

Nuchal Fold : Normal

Fetal Anatomy

Head - Midline falx seen. Both lateral ventricles appeared normal.

Neck appeared normal.

Spine appeared normal. No evidence of significant open neural tube defect

Fetal face appeared normal

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Both lungs appeared normal.
Heart - Four chamber and Three vessel view imaged.
Abdominal situs appeared normal.
Stomach and bowel appeared normal.
Normal bowel pattern appropriate for the gestation seen.
Both kidneys and bladder appeared normal.
All four limbs imaged.

Impression

SINGLE INTRAUTERINE GESTATION CORRESPONDING TO A GESTATIONAL AGE OF 14 WEEKS 2 DAYS
GESTATIONAL AGE ASSIGNED AS PER BIOMETRY (HC)
MENSTRUAL AGE 15 WEEKS 5 DAYS
CORRECTED EDD 04-11-2025
PLACENTA - POSTERIOR
PRESENTATION - VARIABLE
LIQUOR - NORMAL
ESTIMATED FETAL WEIGHT ACCORDING TO BPD,HC,AC,FL :- 102 +/- 10.2 GMS.

NO MAJOR STRUCTURAL CONGENITAL ANOMALY NOTED FOR THE PERIOD OF GESTATION.

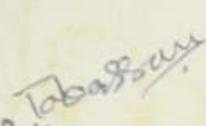
MATERNAL - RIGHT UTERINE ARTERY DOPPLER SHOWS HIGH RESISTANCE TO FLOW
(PI > 95 %tile) S/O increased risk of fetal growth restriction and / or preterm pre eclampsia.

SUGGESTED

1. QUAD SCREENING FOR DOWNS SYNDROME
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.)

I Mrs. Tabassum Javed 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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