



Patient name	Mrs. MANISHA SUNIL NAGLE	Age/Sex	27 Years / Female
Patient ID	E79276-25-05-08-9	Visit no	1
Referred by	Dr. KARUNA MURKEY, M.D. (OB GY)	Visit date	08/05/2025
LMP date	26/01/2025, LMP EDD: 02/11/2025[14W 4D]		

OB - 2/3 Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Maternal

Cervix measured 3.98 cm in length.
os closed.

Right Uterine	1.52	—●— (55%)
Left Uterine	1.25	—●— (32%)
Mean PI	1.385	—●— (44%)

Fetus

Survey

Presentation : Changing
Placenta : Anterior
Liquor : Normal
Umbilical cord : Three vessel cord seen.
Fetal activity : Fetal activity present
Cardiac activity : Cardiac activity present
Fetal heart rate - 159 bpm

Biometry(Hadlock, Unit: mm)

BPD	26.1, 14W 3D	—●— (39%)
HC	99, 14W 4D	—●— (34%)
AC	75.9, 14W	—●— (41%)
FL	14.3, 14W 2D	—●— (37%)

EFW (grams)

BPD,HC,AC,FL	92	—●— (24%)
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Aneuploidy Markers (mm)

Nasal Bone	2.99	—●— (12%)
	Present	
Nuchal Fold	1.3	
	Normal	



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Fetal Anatomy

- Head** : Intracranial structures appeared normal
Skull/brain appears normal.
Intracranial structures appears normal.
Choroid plexuses are symmetrical.
Falx visualised.
Butterfly sign present.
Posterior fossa is normal.
Intracranial translucency is normal.
- Neck** : Fetal neck appeared normal.
- Spine** : Spine appeared normal. No evidence of significant open neural tube defect
- Face** : Fetal face appeared normal
- Thorax** : Both lungs appeared normal
- Heart** : Heart appeared normal
- Abdomen** : Abdominal situs appeared normal
- KUB** : Both kidneys and bladder appeared normal.
- Extremities** : All long bones appeared normal for the period of gestation.
Arms and had present normal relationships.
Legs and feet present normal relationship.

Note: -This is a obstetrical ultrasound, mainly done for estimation age, amount of liquor, placental position and general well being of foetus and for evaluation of congenital anomalies. Moreover, the anomalies in relation to foetal heart and limbs are extremely difficult to detect due to constantly changing position of foetus and overlapping of it's various parts. The thickness of abdominal wall fat when increased adversely affects the visualisation of structures and reduces resolution. Not all congenital anomalies can be detected on antenatal ultrasound. Some are evolving anomalies and may not be seen on initial ultrasonography examination. Some anomalies can only be diagnosed in advanced stage of gestation and may not be seen in initial ultrasound examination. Findings such as increased NT or nuchal fold thickness, echogenic intracardiac focus, choroid plexus cyst are transient in nature and may disappear in later stage of gestation. Only less than 60 percent of cardiac anomalies are detected on detailed fetal echocardiography.

Impression

Single gestation corresponding to a gestational age of 14 Weeks 4 Days
Gestational age assigned as per LMP

Placenta - Anterior

Presentation - Changing

Liquor - Normal

Single live intrauterine pregnancy with maturity of 14 weeks 0 day of gestation.

Established EDD-02/11/2025 (Assigned as per LMP).

No obvious evidence of any congenital anomaly at present.

Low risk for aneuploidy.

Mean uterine artery PI 1.385 (Low risk for Preeclampsia /FGR). Prophylactic low dose Aspirin not needed.

Adv:- Level II Anomaly scan at 18-20 Weeks.

Please correlate clinically.



Balaji
DIAGNOSTICS

Dr. Ravindra R. Kalode
M.D. (Radiodiagnosis)
Ex. SR. SGPGIMS, Lucknow.

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2nd trimester screening for Downs
Maternal age risk 1 in 1181

Fetus	2nd Trimester Downs Risk Estimate	Markers
A	1 in 3937	

Disclaimer

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

Dr. Ravindra R. Kalode MD(Radiodiagnosis) MMC Reg No:70454
Foetal Medicine Foundation (UK) certified. FMF ID 204450

I manisha sunil nagle
diagnostic test / procedure. I do not want to know sex of my fetus.

Signature of pregnant woman.

m. s. nagle

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