



Patient name	Mrs. RAHANGDALE SAMIKSHA	Age/Sex	23 Years / Female
Patient ID	25769	Visit no	1
Referred by	Dr. SHEFALI JAIN	Visit date	23/05/2025
LMP date	27/02/2025, LMP EDD: 04/12/2025[12W 1D] C-EDD: 30/11/2025 [12W 5D]		

OB - First Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Maternal

Cervix measured 3.60 cm in length.

Internal os closed.

Right Uterine	1.54	—●— (44%)
Left Uterine	1.91	—●— (67%)
Mean PI	1.725	—●— (56%)

Fetus

Survey

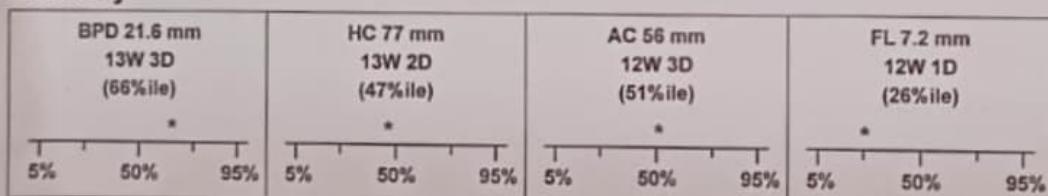
Placenta - Anterior

Liquor - Normal

Fetal activity present

Cardiac activity present

Biometry



CRL - 63.8 mm(12W 5D)

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Aneuploidy Markers

Nasal Bone : Visualized

Nuchal translucency : 1.4 mm Normal.

Ductus venosus : No "a" wave reversal.

Tricuspid regurgitation : No.

Fetal Anatomy

Head : Midline falx seen, intact calvariam, choroid plexuses imaged. IT imaged

Face : Orbita, PMT imaged, appeared normal

Heart : 2 inflows, confluent arches seen on colour flow

Abdomen : Abdominal situs appeared normal

Extremities : All 3 segments of both upper and lower limbs seen
No obvious structural abnormalities detected in the imaged organs for this period of gestation.

Impression

Intrauterine gestation corresponding to a gestational age of 12 Weeks 5 Days

Gestational age assigned as per biometry (CRL)

Menstrual age 12 Weeks 1 Day

Corrected EDD 30-11-2025

Placenta - Anterior

Liquor - Normal

Cervical length 3.6 cm .Internal os closed.

NT 1.4 mm - normal

Nasal bone - normal

DV - normal

No TR.



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erine artery doppler normal.

vised follow-up anomaly scan around 19-20 weeks.

Declaration of doctor:-

Dr. Avi Jain the undersigned hereby declare that while conducting ultrasonography on Mrs. samiksha rahangdale I have neither detected nor disclosed the sex of her fetus to anybody in any manner.


DR AVIJAIN

MBBS ,DMRD , DNB

Consultant Radiologist

Reg. no 2017/09/4153

NOTE -It must be noted that detailed fetal anatomy may not always be visible due to technical difficulties related to gestational age, fetal position, amniotic fluid volume, fetal movements and abdominal wall thickness. Therefore all fetal anomalies may not necessarily be detected at every examination. Some complex cardiac, CNS, GI, GU, hand, foot, ear, eye anomalies are difficult to detect by USG .USG has its own limitations. No finger counting done. This is not a fetal echo).