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|--------------|---|------------|-------------------|
| Patient name | Mrs. TAJEN AKHTAR SHEKH MEHBOOB | Age/Sex | 30 Years / Female |
| Patient ID | E79276-25-05-06-11 | Visit no | 1 |
| Referred by | Dr. SUYOGA PANAT, DGO DNB | Visit date | 06/05/2025 |
| LMP date | 24/01/2025, LMP EDD: 31/10/2025[14W 4D] User EDD: 18/11/2025[12W] | | |

OB - 2/3 Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Maternal

Cervix measured 3.91 cm in length.
os closed.

| | | |
|---------------|------|---------|
| Right Uterine | 1.23 | ● (14%) |
| Left Uterine | 2.53 | ● (95%) |
| Mean PI | 1.88 | ● (61%) |

Fetus

Survey

| | |
|------------------|--|
| Placenta | : Anterior |
| Liquor | : Normal |
| Umbilical cord | : Three vessel cord seen. |
| Fetal activity | : Fetal activity present |
| Cardiac activity | : Cardiac activity present Fetal heart rate - 170 bpm |

Biometry (Hadlock, Unit: mm)

| | |
|-----|--------------|
| CRL | 55.9, 12W |
| BPD | 17.7, 12W 4D |
| HC | 67, 12W 5D |
| AC | 56.6, 12W 4D |
| FL | 9, 12W 5D |

Aneuploidy Markers (mm)

| | | |
|---------------|----------------------------------|---------|
| Nasal Bone | 2.43 | ● (33%) |
| | Present | |
| NT | 1.23 | ● (18%) |
| | Normal | |
| Ductus | No "a" wave reversal | |
| Venosus | | |
| Tricuspid | No tricuspid regurgitation seen. | |
| Regurgitation | | |



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Fetal Anatomy

Head : 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 : Neck appears normal.

Spine : Spine appears normal.

Face : PMT and orbits seen.
Double line sign of palate and vomer seen.
No evidence of any maxillary gap.

Thorax : Thorax appears normal.
Heart : Four chamber and outflow tracts appears normal.

Abdomen : Stomach bubble appears normal.
Cord insertion seen.

KUB : Bladder appears normal.
Kidneys could not be evaluated at present.
Umbilical arteries seen by the side of urinary bladder.

Extremities : Both upper limbs and lower limbs seen.

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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 its 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 ultrasound 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

Intrauterine gestation corresponding to a gestational age of 12 Weeks

Menstrual age 14 Weeks 4 Days

Established EDD 18/11/2025 (As per previous report)

Placenta - Anterior

Liquor - Normal

No obvious evidence of any congenital anomaly at present.

Low risk for aneuploidy.

Mean uterine artery PI 1.88 (Low risk for Preeclampsia / FGR).

Prophylactic low dose Aspirin not needed.

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

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Dr. Ravindra Kalode

M.D. (Radiodiagnosis)

MRCR Reg No. 10124



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Please correlate clinically.
First trimester screening for Downs
Maternal age risk 1 in 870

| Fetus | Risk estimate - NT | Risk estimate - NT + NB | Markers name |
|-------|--------------------|-------------------------|--------------------|
| A | 1 in 5118 | 1 in 17059 | Nasal Bone Present |

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 TAJEN AKHTAR Declare that by undergoing prenatal diagnostic test / procedure. I do not want to know sex of my fetus.

Signature of pregnant woman.

Tazeen (A)

Dr. Ravindra Kalode
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