



Patient name	Mrs. TAHNIYAT SAHER MOHDKASHIF	Age/Sex	31 Years / Female
Patient ID	E79276-25-05-26-1	Visit no	1
Referred by	Dr. KARUNA MURKEY, M.D. (OB GY)	Visit date	26/05/2025
LMP date	24/02/2025, LMP EDD: 01/12/2025[13W]   C-EDD: 25/11/2025[13W 6D]		

## OB - First Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

### Maternal

Cervix measured 4.13 cm in length.  
os closed.

Right Uterine	1.08	● (12%)
Left Uterine	1.48	● (48%)
Mean PI	1.28	● (30%)

### Fetus

#### Survey

Placenta	: Anterior Reaching internal os.
Liquor	: Normal
Umbilical cord	: Three vessel cord seen.
Fetal activity	: Fetal activity present
Cardiac activity	: Cardiac activity present Fetal heart rate - 154 bpm

#### Biometry(Hadlock, Unit: mm)

CRL	78, 13W 6D
BPD	24.2, 14W
HC	89, 14W
AC	69.6, 13W 4D
FL	13.2, 13W 6D

#### Aneuploidy Markers (mm)

Nasal Bone	2.78 Present	● (16%)
NT	1.4 Normal	● (7%)
Ductus Venosus	Normal flow	
Tricuspid Regurgitation	No tricuspid regurgitation seen.	



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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.

es

**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 13 Weeks 6 Days

Gestational age assigned as per biometry ( CRL )

Menstrual age 13 Weeks

Corrected EDD 25-11-2025

Placenta - Anterior

Liquor - Normal

No obvious evidence of any congenital anomaly at present.

Low risk for aneuploidy.



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**Mean uterine artery PI 1.28 (Low risk for Preeclampsia /FGR).**  
Prophylactic low dose Aspirin not needed.

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

Please correlate clinically.  
First trimester screening for Downs  
Maternal age risk 1 in 755

Fetus	Risk estimate - NT	Risk estimate - NT + NB	Markers name
A	1 in 4441	1 in 14804	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 TAHNIYAT SAHER, Declare that by undergoing prenatal diagnostic test / procedure. I do not want to know sex of my fetus.*

*Signature of pregnant woman.*