



Shri Shyam Diagnostic

Imaging and interventions
Cancer Is Curable If Detected Early

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Dr. Sujeet Agrawal

MBBS, MD, Radiodiagnosis

(टाटा मेमोरियल हॉस्पिटल, मुम्बई)

Fellow Ship in advanced ultrasound and fetal Medicine (Mumbai)

Reg. No.: CGMC-7891/2018

Fetal Medicine Foundation Certification No. 172622

DATE: 03-05-2025

NAME: Mrs BHUMI BHARTI

AGE/SEX: 33 Y Female

REF.BY. SELF

OBSTETRIC EARLY DETAILED SCAN

Height : 142 cm	BP		MAP
Weight : 60 Kg	Systolic	108	85.33 mmHG
BMI : 29.76	Diastolic	74	

LMP:28-01-2025	▼GA(LMP):13w4d	▲AUA:13w5d	EDD by LMP:04-11-2025					
0	5	10	15	20	25	30	35	40

Dating	LMP	GA		EDD
		Weeks	Days	
By LMP	LMP: 28/01/2025	13	4	04/11/2025
By USG		13	5	03/11/2025

AGREED DATING IS (BASED ON LMP)

There is a single gestation sac in uterus with a single fetus within it.



The fetal cardiac activities are well seen.

Chorion frondosum/Placenta is **anterior** in nature.

AMNIOTIC FLUID: Normal in range.

Internal os is closed and length of cervix is normal 42.2 mm.

The embryonal growth parameters are as follow :

	mm	Weeks	Days
Crown Rump Length :	75.3	13	5
Heart Rate :	163 Beats Per Minute.		
The Embryo attains 40 weeks of age on :		03/11/2025	
Nuchal Translucency	1.5 mm 24% 		
Nasal Bone	3.1 mm 27.3% 		
Hands, Limbs, Nasal Triangle Integrity, Bladder, Stomach & Umbilical Arteries			Seen
Ductus Venosus Waveform	Normal waveform Pattern		

P.T.O.
Please Turn Over

□ एम.आर.आई. □ सी. टी. स्कैन □ सोनोग्राफी □ कलर डॉपलर □ मैमोग्राफी □ डिजिटल एक्स-रे □ ओ.पी.जी. □ 2-डी इको □ ई.ई.जी.

If any typing mistake Please Consult For Correction.

Vessels	S/D	RI	PI	PI Percentile	Remarks
Right Uterine Artery	2.6	0.62	1.14	10.6%	No early Diastolic notch seen
Left Uterine Artery	2.8	0.65	1.04	5.8%	No early Diastolic notch seen
Ductus venosus	2.4	1	1.92		PSV=28.7 Normal waveform Pattern

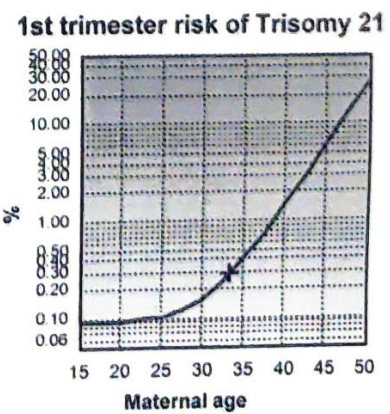
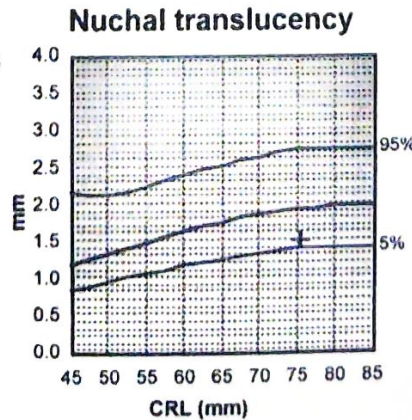
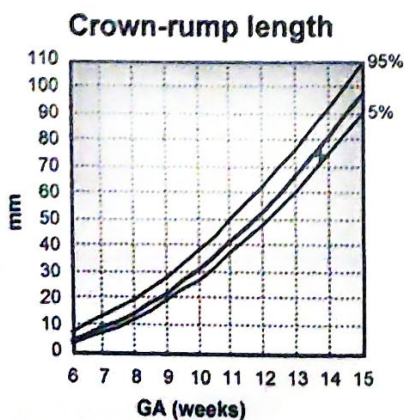
	Risk From History Only	Risk From History Plus NT, FHR
Trisomy 21:	1 in 385	1 in 1429
Trisomy 18:	1 in 1000	1 in 5000
Trisomy 13:	1 in 3333	1 in 10000

Preeclampsia risk From (fetalmedicine.org UK)	
History only	History plus MAP, UTPI
< 37 weeks: 1 in 53	< 37 weeks: 1 in 204

Recommendation

The risk of preeclampsia was assessed by a combination of maternal characteristics and medical history with measurements of blood pressure and blood flow to the uterus.

On the basis of this assessment the patient has been classified as being at low risk for developing PE before 37 weeks. Nevertheless, it is recommended that the risk is reassessed at 20 and 36 weeks.



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First trimester: Pre Ultrasound Maternal age risk for Trisomy21 is 1 in 383

T21 Risk	
From - NT	1 in 2253
From - NT-NB-DV-FHR	1 in 6710

CONCLUSION:

- SINGLE LIVE INTRAUTERINE FETUS OF 13 WEEKS 5 DAYS IS PRESENT.
- NORMAL NUCHAL TRANSLUCENCY AND NASAL BONE.
- LOW RISK FOR PIH.

PLEASE CORRELATE WITH DUAL/TRIPLE MARKER TEST.

Suggested Anomaly scan at 18-20 weeks: 03/06/2025-17/06/2025 \pm 2 days.

Sujeet
Dr. Sujeet Agrawal
MD RADIODIAGNOSIS
(TMH MUMBAI)

Please note that all anomalies can not be detected all the times due to various technical and circumstantial reasons like gestation period, fetal position, quantity of liquor etc. The present study can not completely confirm presence or absence of any or all the congenital anomalies in the fetus which may be detected on post natal period. Growth parameters mentioned herein are based on International Data and may vary from Indian standards. Date of delivery (at 40 weeks) is calculated as per the present sonographic growth of fetus and may not correspond with period of gestation by L.M.P. or by actual date of delivery. As with any other diagnostic modality, the present study should be correlated with clinical features for proper management. Except in cases of Fetal Demise or Missed Abortion, sonography at 20-22 weeks should always be advised for better fetal evaluation and also for base line study for future reference.

I, DR. SUJEET AGRAWAL declare that while conducting sonography on BHUMI (name of pregnant woman), I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

REQUEST FOR OBSTETRIC USG ON YOUR LETTER HEAD IS MANDATORY (PCPNDT ACT). PLEASE COMPLY.

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