

**USG LEVEL I (NT & NB SCAN) WITH UTERINE ARTERY DOPPLER**

LMP:11-03-2025	▲AUA:11w5d	▼ GA(LMP):11w6d	EDD by LMP:16-12-2025
0	5	10	15 20 25 30 35 40

Dating	LMP	GA		EDD
		Weeks	Days	
By LMP	LMP: 11/03/2025	11	6	16/12/2025
By USG		11	5	17/12/2025
AGREED DATING IS (BASED ON LMP)				

There is a single gestation sac in uterus with a single fetus in variable presentation

The fetal cardiac activities are well seen.

Placenta is posterior, lower margin approx ~ 18 mm away from internal os and grade 0 in maturity.

Amniotic Fluid: Normal for GA

Internal os is closed and length of cervix is ~ 39.4 mm

The growth parameters are as follow :

	mm	weeks	days
Crown Rump Length	49.8	11	5
Heart Rate	158 Beats Per Minute		
The Embryo attains 40 weeks of age on	17/12/2025		
Nuchal Translucency	1.6 mm 63%		
Nasal Bone	2.5 mm 34%		
Hands, Limbs, Nasal Triangle Integrity, Bladder, Stomach & Umbilical Arteries		Seen	
Ductus Venosus Waveform	Normal waveform Pattern		

Vessels	S/D	RI	PI	PI Percentile	Remarks
Right Uterine Artery	3.48	0.71	1.53	31.7% + - +	
Left Uterine Artery	2.81	0.64	1.19	7.4% - + +	
Mean Uterine Artery			1.36	19% + - + +	Normal
Ductus venosus	1.21	0.17	0.72		PSV=-34.5 N waveform PI

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**ISO 9001:2015**

(Quality Management Systems)



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Laboratory Tests & Investigations Results are to be Correlated Clinico Pathologically. If the Results Does not match with the Clinical Findings  
Patients is Advised to Contact back | Timing :- Monday to Saturday - 8.00 am to 9.00 pm, Sunday - 10.00 am to 4.00 pm

- USG 3D/4D/5D
- Color Doppler
- Fully Computerized Pathology Department
- High Frequency Digital X-ray
- ECG
- ECHO
- PFT
- TMT
- Liver Elastography
- FNAC/Biopsy
- Barium Study

PATIENT'S NAME

DATE: 02/06/2025

AGE / SEX

MRS PRASHIK ARPANKUMAR SANGHARATNE

REF. BY

27 YRS / F

INVESTIGATION / NUMBER OF FILM

USG WHOLE ABDOMEN / 1

EQUIPMENT: Samsung HS70A latest edition Color Doppler 3D/4D/5D Unit.

(USG WHOLE ABDOMEN) REPORTLIVER:

- Normal in size (span 130 mm) and normal in echotexture with smooth outlines. No obvious focal lesion is seen. Intrahepatic biliary radicals are not dilated.
- Portal vein is normal in caliber (10 mm) with hepatopetal flow. PSV ~ 39 cm /sec

GALL BLADDER:

Adequately distended. Wall thickness is normal. No pericholecystic free fluid. No calculus / mass is seen. CBD is normal in caliber (3.8 mm) with anechoic/ clear lumen.

PANCREAS:

Normal in size and echotexture. No obvious peripancreatic free fluid. Pancreatic duct is normal in caliber.

SPLEEN:

Normal in size (span 77 mm) and normal in echotexture. No obvious lesion is noted.

KIDNEYS:

	RIGHT KIDNEY	LEFT KIDNEY
SIZE	93 x 35 mm	92 x 45 mm
ECHOTEXTURE	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATIONS	Maintained	Maintained
CORTICAL THICKNESS	Normal	Normal
CALCULUS	Small calculus is noted in upper pole / calyx region~ 4.2 mm	No
HYDRONEPHROSIS	No	No
CYST / LESION	No	No
PERINEPHRIC FREE FLUID	Nil	Nil

No significant abdominal lymphadenopathy is seen. No free fluid is seen in abdomen.

Excessive intra bowel gases are noted, bowel loops appear normal in caliber

IMPRESSION:

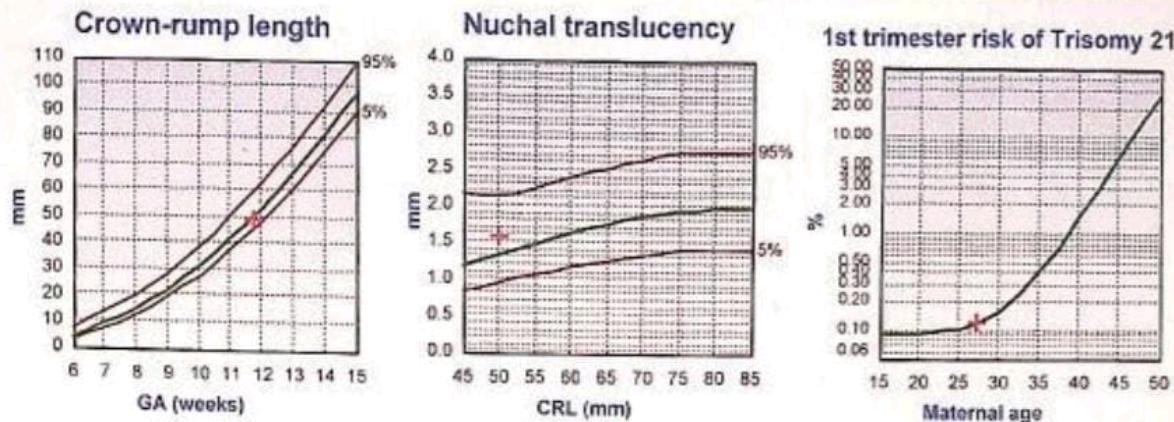
- Small right renal calculus in upper pole / calyx region
- Excessive intra bowel gases noted

ADV - Clinical correlation and further appropriate evaluation

DR ABHIJEET TIWARI  
MBBS, DNB (Mumbai)  
CONSULTANT RADIOLOGIST  
CGMC - 9455/2019

ISO 9001:2015





First trimester: Pre Ultrasound Maternal age risk for Trisomy 21 is 1 in 830

T21 Risk	
From - NT	1 in 2964

**CONCLUSION:**

- GA assigned by LMP (11 wks 06 days).
- Single live intrauterine pregnancy and fetal growth corresponding to 11 wks 05 days according to USG.

**ADVICE-** Dual marker correlation and Anomaly scan at 20 wks to 22 wks is suggested

I, DR. ABHIJEET TIWARI declare that while conducting sonography on PRASHIK ARPANKUMAR SANGHARATNE (name of pregnant woman), I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

DR. ABHIJEET TIWARI  
 MBBS, DNB (Mumbai)  
 CONSULTANT RADIOLOGIST  
 CGMC - 9455/2019



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.

» **FORWARDED**

**MRS. PRASHIK (Double MARKER DETAILS)**

**DOB - 09/07/1998**

**HEIGHT - 5.3**

**WEIGHT - 53KG**

**9:06 AM**