

Patient Name	: Mrs. Vaishali Naresh Nannaware	Age/Sex	: 28 Y/ Female
Ref. By	: Dr. Swati Dodke	Date	: 07-Jun-25

USG REPORT - OBSTETRIC NT SCAN

LMP: 11-Mar-25

GA By LMP: 12 weeks 4 days
GA By USG: 13 weeks 1 days

EDD By LMP: 16-Dec-25
EDD By USG: 12-Dec-25

SURVEY:

- Single live intrauterine fetus with gestational parameters, CRL measures 6.78 cm corresponding to an average gestational age of 13 weeks 1 days noted.
- Placenta is developing anteriorly. Normal retroplacental complex seen. The cord insertion is central.
- Liquor is adequate.
- Internal OS is closed. Cervical length is approximately 3.3 cm.

NT (Nuchal Translucency)	0.93 mm, 7 percentile for this CRL.	NORMAL
NB (Nasal Bone)	seen	NORMAL
IT (Intracranial Translucency)	seen	NORMAL
Fetal cardiac activity-NORMAL	FHR	171 {H.B.}/min

- Intracranial translucency is seen.
- Fronto-parieto-occipital ossification noted. Midline falx seen.
- Both orbits ossification noted.
- Cisterna magna is normal.
- Choroid plexus occupies majority of ventricles.
- No evidence of Ventriculomegaly.
- Nasal bone ossified.
- Ductus venous shows normal wave form.
- No evidence of tricuspid regurgitation.
- Situs solitus maintained.

ADVANCED CT SCAN | SONOGRAPHY | COLOR DOPPLER | DIGITAL X-RAY

- Fetal stomach bubble visualized.
- Fetal urinary bladder seen.
- Fetal extremities movement appears normal.
- Anterior abdominal wall appears normal.
- Fetal spine grossly appears normal.
- Uterine artery screening Doppler: Mean PI-0.69 (<1 percentile), normal for gestation.

	Risk From History Only	Risk From History Plus NT, FHR
Trisomy 21:	1 in 769	1 in 1667
Trisomy 18:	1 in 2000	1 in 5000
Trisomy 13:	1 in 5000	1 in 5000

IMPRESSION:

➤ SINGLE LIVE INTRAUTERINE FETUS CORRESPONDING TO 13 WEEKS 1 DAYS \pm 10 DAYS.

- NUCHAL TRANSLUCENCY 0.93 mm (WITHIN NORMAL LIMITS).
- NASAL BONE OSSIFIED.
- DUCTUS VENOSUS SHOWS NORMAL WAVE FORM.
- NO EVIDENCE OF TRICUSPID REGURGITATION.

➤ Recommended a serum **DOUBLE MARKER TEST** interpolation with NT scan to improve the detection rate for chromosomal abnormality.

➤ Suggest targeted anomaly scan at 18–22 weeks of pregnancy.

Dr. Vikrant Bhende
MD (Radiology),
DNB (Radiology)
Consultant Radiologist

Note: Not all fetal anomalies can be diagnosed on ultrasonography. Subtle cardiac, ear, cosmetic limb appearance (E.g: Polydactyly and Syndactyly), GI Fistula anomalies, cataracts, umbilical cord knots, small dorsal dermal sinus, tongue anomalies, occult spina bifida, isolated cleft palate, 20 % of cardiac anomalies may not be detected. Serial scans are necessary. I Dr. Vikrant Bhende declare that while conducting ultrasonography of this pregnancy, I have followed the standard protocol. Note - For referring Doctors any report related query may be directed to the Radiologist.