



# SHRIRAM

## DIAGNOSTIC CENTER

SONOGRAPHY, DIGITAL X RAY & CT SCAN

**Dr. Ankush N. Balki**

MBBS, DMRE (Radiology)  
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Reg. No. 2010/03/0772



ScholarMD  
Specially trained  
in fetal medicine

Patient name	Mrs. KALPANA ANIKET ZILE	Age/Sex	28 Years / Female
Patient ID	E52606-25-06-06-8	Visit no	1
Referred by	Dr. NILESHA BALKI MADAM	Visit date	06/06/2025
LMP date	16/02/2025, LMP EDD: 23/11/2025(15W 5D)   C-EDD: 11/12/2025(13W 1D)		

### OB - First Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

#### Maternal

Cervix measured 3.70 cm in length.

Right Uterine	1.43	—●— (38%)
Left Uterine	1.31	—●— (28%)
Mean PI	1.37	—●— (33%)

#### Fetus

##### Survey

Placenta : Forming anteriorly  
Liquor : Adequate  
Umbilical cord : Two arteries and one vein  
Fetal activity : Fetal activity present  
Cardiac activity : Cardiac activity present  
Fetal heart rate - 165 bpm

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

CRL	68.8, 13W 1D	—●— (46%)
BPD	27.1, 14W 5D	—●— (95%)

#### Aneuploidy Markers (mm)

Nasal Bone	ossified
NT	1.4 —●— (16%) Normal
Ductus Venosus	Normal flow

#### Impression

Intrauterine live gestation corresponding to a gestational age of 13 Weeks 1 Day  
Gestational age assigned as per biometry ( CRL )  
Menstrual age 15 Weeks 5 Days  
Corrected EDD 11-12-2025  
Placenta - Forming anteriorly  
Liquor - Adequate

Inadequate ultrasound penetration due to excess of maternal anterior abdominal wall fat.

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Kindly correlate clinically & Suggest: detailed anomaly scan at 18-22 wks.

First trimester screening for Downs

Maternal age risk 1 in 989

Fetus	Risk estimate - NT	Risk estimate - NT + NB
A	1 in 5818	1 in 19392

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### Disclaimer

I Dr. Ankush Narayan Balki declare that while conducting ultrasonography/ image scanning on Mrs. Kalpana Aniket Zile I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

### Thanks for Referral

- Evolving anomalies are seen at later stages of gestation and are not seen in earlier scans.
- Anomalies of small parts like ears, fingers and toes can not be detected routinely because of unfavorable position to visualised it.
- Normal looking fetal stomach bubble does not rule out esophageal atresia/Tracheo esophageal fistula.
- Minor cardiac defects like small VSDs, mild stenotic lesions, coronary artery anomalies and anomalies that evolve towards later gestation like aortic arch anomalies and those of pulmonary venous drainage may not be always identifiable antenatally.
- Anomalies resulting from one closure of physiological shunts like ASD and PDA will be evident only after birth.
- Congenital skin disorders can not be detected prenatally.
- Congenital metabolic disorders, enzyme deficiencies can not be detected on USG.
- Abnormalities in the external genital organs can not be seen and documented for legal reasons.
- Congenital dislocations of joints can be suspected only when extremities are seen in abnormal position while scanning.

Expected baby weight given on USG can have 10-15 percent variation on either side.

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