



WADHAI

DIAGNOSTIC CENTRE

Dr. Rakesh R. Wadhai

Ex. Consultant Radiologist & Sonologist
 ■ Sonkul Diagnostic Centre, Nagpur.
 ■ Seven Star Hospital, Nagpur.
 ■ Shree Bhavani Hospital, Pardi, Nagpur.

At Besa : Plot No. -11 Om Shiv Sai Society **Besa**, Nagpur - 440037 Ph. : 8485883167

Patient Name: KAJAL SHIRKE	Date: 10/06/2025
Patient Id: 11751	Age/Sex: 27 Years / FEMALE
Ref Phy: DR. MANGLA GHODESWAR MADAM	Address :

OBSTETRIC EARLY DETAILED SCAN

Height : 150 cm	BP	MAP
Weight : 57.4 Kg	Systolic 110	84.67 mmHG
BMI : 25.51	Diastolic 72	

LMP:09-03-2025		▲AUA:12w6d	▼ GA(LMP):13w2d	EDD by LMP:14-12-2025
Dating	LMP	GA		EDD
By LMP	LMP: 09/03/2025	13	2	14/12/2025
By USG	12/03/2025	12	6	17/12/2025
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, **grade 0**.

AMNIOTIC FLUID : Normal

Internal os is closed and length of cervix is normal. **3.48 cm**.

Internal os diameter measures **1.1 mm**.

The embryonal growth parameters are as follow :

	mm	Weeks	Days
Crown Rump Length :	66.4	13	0
Biparietal Diameter :	18.9	13	0
Femoral Length	9.5	12	6
Heart Rate :	161 Beats Per Minute.		
The Embryo attains 40 weeks of age on :	17/12/2025		
Nuchal Translucency	1.6 mm 40%	+	+
Nasal Bone	2.4 mm 5.4%	+	+



P. T. O. ⇒

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 Reg. No. : 2012/10/2921



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Hands, Limbs, Nasal Triangle Integrity, Bladder, Stomach
& Umbilical Arteries

Seen

Ductus Venosus Waveform Normal waveform Pattern

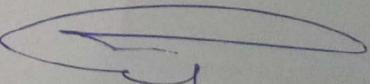
Vessels	S/D	RI	PI	PI Percentile	Remarks
Right Uterine Artery	4.42	0.77	1.74	65.2%	+ + + +
Left Uterine Artery	2.83	0.65	1.31	22%	+ + + +
Ductus venosus			0.97		PSV= Normal waveform Pattern

	Risk From History Only	Risk From History Plus NT, FHR
Trisomy 21:	1 in 769	1 in 5000
Trisomy 18:	1 in 2000	1 in 10000
Trisomy 13:	1 in 5000	1 in 10000

Preeclampsia risk From (fetalmedicine.org UK)				
History only	History plus MAP, UTPI			
< 37 weeks: 1 in 79	< 37 weeks: 1 in 164			
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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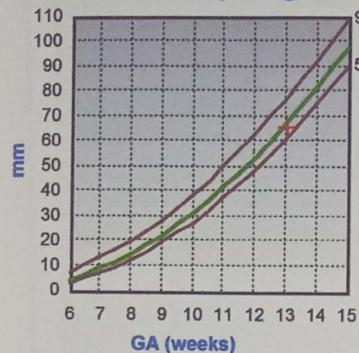


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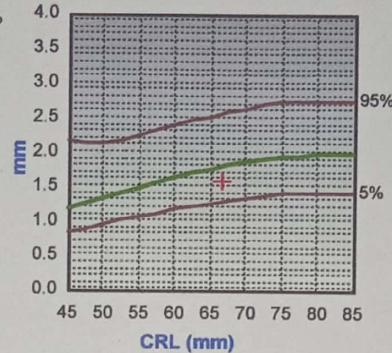


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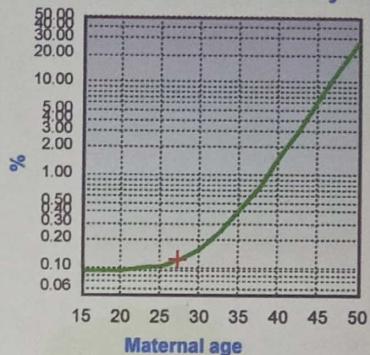
Crown-rump length



Nuchal translucency



1st trimester risk of Trisomy 21



First trimester: Pre Ultrasound Maternal age risk for Trisomy21 is **1 in 830**

Fetus	Risk estimate – NT
A	1 in 4882

CONCLUSION:

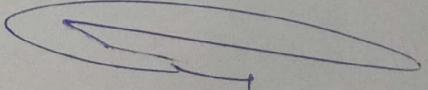
- **SINGLE LIVE INTRAUTERINE FETUS OF 12 WEEKS 6 DAYS IS PRESENT.**
- **PLEASE CORRELATE WITH DUAL MARKER TEST.**

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. RAKESH WADHAI declare that while conducting sonography on KAJAL SHIRKE (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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