



GB DIAGNOSTICS

◆ SPIRAL CT SCAN ◆ DIGITAL X-RAY ◆ OPG ◆ 4D COLOR DOPPLER SONOGRAPHY ◆ EEG

C1-C2/19, Opposite Nagar Nigam Zone Office (Pani Tanki), Near Niharika Cinema, KORBA (C.G.)

Dr. Harpal Singh

M.B.B.S., D.M.R.D (Mumbai)

Reg. No. : C.G.M.C. 1195/07

Sunday Closed

Consultant Radiologist, Sonologist

Ex. Registrar : Nair & Nanawati Hospital, Mumbai

Ph. : 07759-227700, M : 9893254400

--Reporting Time : 10 AM to 6 PM--

Name : MONIKA SAHU

Date : 28-05-2025

Ref. By Dr. : NIKITA SHRIVASTAVA, MS (O & G)

Age/Sex : 27 / F

OBSTETRICS SONOGRAPHY

(LEVEL 2 / NT SCAN WITH UTERINE DOPPLER)

MACHINE :- TOSHIBA APLIO 400.

PARITY :- I.

ANY SIGNIFICANT HISTORY >> NAD.

* L.M.P: 00/00/00 GA: 00 WKS 00 DYS EDD: 30/11/2025 (AS PER PREVIOUS USG)

OBSERVATIONS:-

- * The uterus is bulky.
- * A single gestational sac is noted in uterine cavity.
- * The yolk sac echo is well seen.
- * The foetal cardiac pulsations are present. It is 157 B/Min.
- * The foetal movements are present.
- * The C.R.L. is 74.5 mm. corresponding to 13 weeks 04 days
- * The Placenta has differentiated on ANTERIOR, TOWARDS RT SIDE.
- * There is no evidence of subchorionic haemorrhage.
- * The trophoblastic reaction is regular.
- * Cervix is adequate. It measures 3.2 cm.
- * The internal os is closed.

STRUCTURAL MARKERS:-

THE HEART IS CENTRAL IN THE THORACIC CAVITY. THE CORD INSERTION IN THE ANTERIOR ABDOMINAL WALL IS SEEN. THE SPINE IS SEEN AS TWO LINE AT THIS STAGE. BOTH THE UPPER & LOWER LIMB BUDS SEEN. STOMACH & BLADDER ARE VISIBLE.

CHROMOSOMAL MARKERS :-

THE NUCHAL TRANSLUCENCY IS 1.0 MM WHICH IS NORMAL FOR THE AGE.
THE NASAL BONE IS 3.1 MM SEEN ON SAGGITAL VIEW & APPEARS NORMAL.
THE DUCTUS VENOSUS SPECTRAL PATTERN IS NORMAL.

UTERINE ARTERY SCREENING DOPPLER:

UTERINE ARTERY DOPPLER: THE MEAN UTERINE ARTERY PI >> 1.8
(RT UT ARTERY PI IS 1.2, NOTCH > ABSENT & LT UT ARTERY PI IS 2.7, NOTCH > PRESENT)

IMPRESSION >

- THERE IS A SINGLE, LIVE, NORMAL, INTRAUTERINE GESTATION OF (SONAR AGE) 13 WKS 04 DAYS.
- THE ASSIGNED E.D.D. IS 30/11/2025 (± 1 WEEK)
- NO OBVIOUS STRUCTURAL DEFECTS / GENETIC MARKERS NOTED AT THIS STAGE.

SUGGEST: TARGETED FETAL ANOMALY SCAN AT 18-20 WEEKS.

SUGGEST: DOUBLE MARKER BLOOD TEST.

NOTE:-

- THE SCIENCE OF RADIOLOGICAL DIAGNOSIS IS BASED ON THE INTERPRETATION OF VARIOUS SHADOWS PRODUCED BY BOTH THE NORMAL AND ABNORMAL TISSUES AND ARE NOT ALWAYS CONCLUSIVE.
- RADIOLOGICAL DIAGNOSIS IS NOT A TISSUE DIAGNOSIS AND IS RATHER A PROFESSIONAL INTERPRETATION OF THE IMAGES OF THE TISSUES PRODUCED BY SOPHISTICATED INSTRUMENTS (SUBJECT TO TECHNICAL PITFALLS AND LIMITATIONS) TO HELP DOCTORS / CLINICIANS FOR BETTER PATIENT MANAGEMENT.
- CLINICAL CORRELATION IS MANDATORY FOR REACHING THE FINAL IMPRESSION. NOT FOR MEDICOLEGAL PURPOSE.

DECLARATION :- I, DR. HARPAL SINGH DECLARE THAT WHILE CONDUCTING ULTRASOUND ON THE ABOVE PATIENT, I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER FETUS, TO HER OR ANYBODY ELSE, IN ANY MANNER, AS PER 'PNDT ACT, 94' (RULE 10/A) & HONBLE SUPREME COURT GUIDELINES.

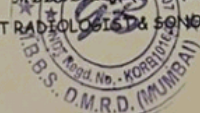
Thanks for the referral

PLEASE CORRELATE WITH CLINICAL & OTHER LAB. FINDINGS.

DR. HARPAL SINGH

M.B.B.S., D.M.R.D (MUMBAI)

CONSULTANT RADIOLOGIST & SONOLOGIST



DOB - 12.03.98

Height - 5' 2"

Weight - 60 kg.

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