

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

Patient Name	:	Mrs. Dipali Ajay Patle	Age/Sex	:	28 Y/ Female
Ref. By	:	Dr. Leena Zade Madam	Date	:	15-Jun-25

USG REPORT - OBSTETRIC NT SCAN

LMP: 11-Mar-25

GA By LMP: 13 weeks 5 days

EDD By LMP: 16-Dec-25

GA By USG : 13 weeks 6 days

EDD By USG: 15-Dec-25

SURVEY:

- Single live intrauterine fetus with gestational parameters, CRL measures 7.87 cm corresponding to an average gestational age of 13 weeks 6 days noted.
- Placenta is developing posteriorly. Normal retroplacental complex seen. The cord insertion is central.
- Liquor is adequate.
- Internal OS is closed. Cervical length is approximately 4 cm.

NT (Nuchal Translucency)	1.04 mm, 4 percentile for this CRL.	NORMAL
NB (Nasal Bone)	seen	NORMAL
IT (Intracranial Translucency)	seen	NORMAL
Fetal cardiac activity-NORMAL	FHR	170 {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.
- Fetal stomach bubble visualized.

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

- 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-1.23 (19 percentile), normal for gestation.

	Risk From History Only	Risk From History Plus NT, FHR
Trisomy 21:	1 in 769	1 in 1000
Trisomy 18:	1 in 2000	1 in 5000
Trisomy 13:	1 in 5000	1 in 2000

IMPRESSION:

☒ SINGLE LIVE INTRAUTERINE FETUS CORRESPONDING TO 13 WEEKS 6 DAYS ± 10 DAYS.

- NUCHAL TRANSLUCENCY 1.04 mm (WITHIN NORMAL LIMITS).
- NASAL BONE OSSIFIED.
- DUCTUS VENOUS 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 Tract 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 by USG. Some anomalies appear only in later gestation. Serial scans are necessary.
I Dr. Vikrant Bhende declare that while conducting ultrasonography of Mrs. Dipali Ajay Patle, I have neither detected nor disclosed sex of her fetus to anybody by any manner. Note - For referring Doctors any report related query & information please contact (9370437188) Disclaimer: This report is not valid for medical purpose. It is only for diagnosis & management of disease condition. In case of typographic error kindly communicate within 24 hour.

Thanks for referral.