

Patient Name: VAISHALI JALINDER KADAM	Date: 25/06/2025
Ref Phy: DR. SHAMALEE SARODE MADAM	Age/Sex: 30 Years / FEMALE

OBSTETRIC NT SCAN

Dating	LMP	GA	EDD
By LMP	LMP: 04/04/2025	Weeks	Days
By USG		11	5
		11	3
			09/01/2026
			11/01/2026

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.

Placenta is anterior in nature.

Amniotic Fluid: Normal

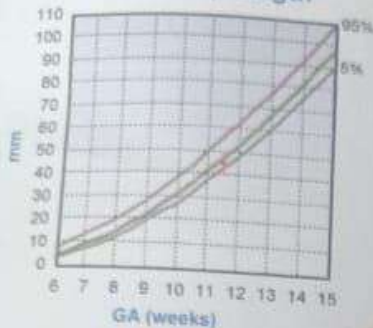
Internal os is closed and length of cervix is normal.

Embryonal Growth Parameters

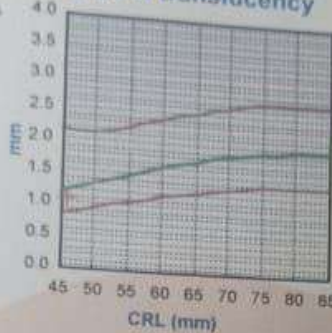
	mm	Weeks	Days
Crown Rump Length	45.7	11	3
Heart Rate	159 Beats Per Minute.		
The Embryo attains 40 weeks of age on	11/01/2026		
Nuchal Translucency	1.1 mm 33%		
Nasal Bone	1.9 mm 9.7%		10%
Hands, Limbs, Nasal Triangle Integrity, Bladder, Stomach & Umbilical Arteries	Seen		
Ductus Venosus Waveform	Normal waveform Pattern		

Vessels	S/D	RI	PI	PI Percentile	Remarks
Right Uterine Artery	3.42	0.71	1.4	18.8%	No early Diastolic notch seen
Left Uterine Artery	4.42	0.77	1.66	44.2%	No early Diastolic notch seen
Mean Uterine Artery			1.53	32%	Normal

Crown-rump length



Nuchal translucency



1st trimester risk of Trisomy 21



First trimester: Pre Ultrasound Maternal age risk for Trisomy 21 is 1 in 626

T21 Risk	
From - NT	1 in 3682

Conclusion:

- Single live intrauterine fetus of 11 weeks 3 days is present.
- Please correlate with dual/triple marker test.

Suggested Anomaly scan at 20-22 weeks.

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 Soniya Dasare (Dhakre) declare that while conducting sonography on VAISHALI TALINDER KADAM (name of pregnant woman), I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

[Signature]
Dr Soniya Dasare (Dhakre)
Consultant Radiologist