



Global Diagnostics

Sonography & Digital X Ray

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Reg. No. 2020/03/2389

Add. : Shop No. G-7, Ground Floor, Anjuman Complex, Near Khan Pathology Opp. Governor Kothi, Main Road, Sader Bridge Pillar No. 37, Nagpur. Contact No. : 70837 50761

Patient Name: ROSHNI BHALERAO	Date: 30/07/2025
Ref Phy: DR. S M THAKARE MADAM	Age/Sex: 34 Years / FEMALE

OBSTETRIC NT SCAN

LMP:03-05-2025	▼GA(LMP):12w4d	▲ AUA:13w2d	EDD by LMP:07-02-2026
0	5	10	20 25 30 35 40

Dating	LMP	GA		EDD
		Weeks	Days	
By LMP	LMP: 03/05/2025	12	4	07/02/2026
By USG		13	2	02/02/2026

AGREED DATING IS (BASED ON LMP)

Real time USG of pelvis shows a gravid uterus with a single intra uterine gestational sac.

FETAL SURVEY

Placenta developing Anterior

There is no evidence of subchorionic hemorrhage

Liquor -Normal the fetal pole and fetal activity are well appreciated.

Cervical length measures 3.7 cm. The internal OS is closed.

Fetal biometry

	mm	weeks	days
Crown Rump Length	66.4	13	0
Biparietal Diameter	20.3	13	2
Head Circumference	82.3	13	4
Abdominal Circumference	74.2	13	6
Femoral Length	9.7	12	6
Heart Rate	151 Beats Per Minute.		
The Embryo attains 40 weeks of age on	02/02/2026		
Nuchal Translucency	0.9 mm	6%	
Nasal Bone	2.7 mm	30.1%	30%
Ductus Venosus Waveform	Normal waveform Pattern		

FETAL STRUCTURES VISUALIZED

HEAD / FACE / SPINE: The falx is well visualized and is in the midline. The IT is well visualized and is normal. The spine is seen as 2 lines at this stage. Both orbits are same. Retronasal triangle shows presence of nasal bones and normal mandibular gap. Frontomaxillary angle is normal.

THORAX: The heart is central in the thoracic cavity. Four chamber heart show equal size inflows. Presence of V sign (connection of ductal arch and aortic arch) is noted on color Doppler in 3 vessel tracheal view.

ABDOMEN: The cord insertion in the anterior abdominal wall is well seen. The stomach is noted in the abdomen.

Urinary bladder is visualized. Two umbilical arteries seen.

EXTREMITIES: Visualized upper limbs and lower limbs are normal bilaterally.

UTERINE ARTERY SCREENING DOPPLER

Vessels	S/D	RI	PI	PI Percentile	Remarks



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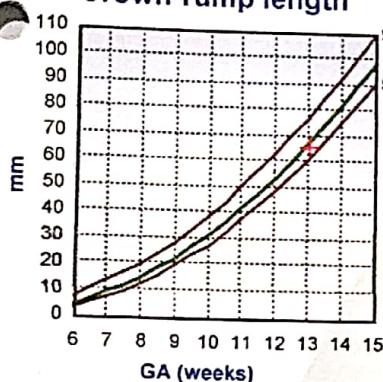
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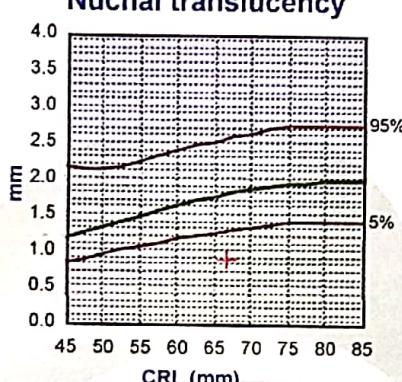
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Right Uterine Artery	1.54	0.35	0.44	0.02%	+	+	+	No early Diastolic notch seen
Left Uterine Artery	2	0.5	0.74	0.39%	+	+	+	No early Diastolic notch seen
Mean Uterine Artery			0.59	<1%	+	+	+	Normal
Ductus venosus	2.02		0.63					PSV= Normal waveform Pattern

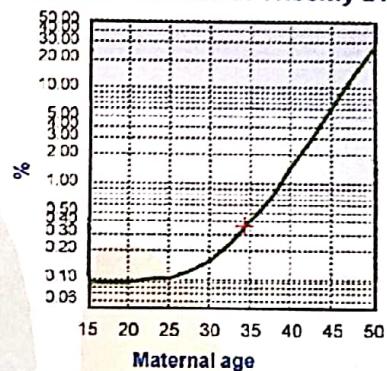
Crown-rump length



Nuchal translucency



1st trimester risk of Trisomy 21



First trimester: Pre Ultrasound Maternal age risk for Trisomy21 is 1 in 461

T21 Risk	
From – NT	1 in 1835

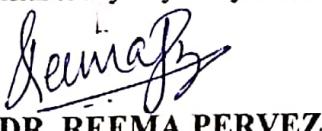
IMPRESSION:

- Early single live intra uterine gestation of 13 week's 2 days- gestational age assign as per biometry. Fetus is appropriate for gestational age. (expected by LMP12 weeks 4 days).
- Nuchal translucency is normal.
- No gross congenital anomaly seen at this stage.
- Placenta is developing anteriorly. Liquor – Normal.
- Cervix measuring 3.7 cm, the internal OS is closed.

Suggested dual marker correlation and anomaly scan at 18-20 weeks.

PLEASE NOTE: 1) this is machine depended that to image oriented investigation. Hence many things can influence appearance and interpretation of image. 2) In case of disparity between report and clinical evaluation second opinion is advisable before commencing the final treatment. 3) This document is not for medico-legal purpose

I, DR REEMA PERVEZ declare that while conducting ultrasonography on this patient, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.


DR. REEMA PERVEZ

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CONSULTANT RADIOLOGIST

TYPED BY :- VARUN SHENDE