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Dr. Veronica Yuel Clinic  
Fertility and IVF Clinic

Smt. ANKITA PAL 36/F  
Ref - Dr. Veronica Yuel M.A.

02/08/2025

T<sub>3</sub> T<sub>4</sub> TSH, HPLC

~~BB~~

DNA marker.

S-B3080137

Age - 36/F

E-B3080138

D.O.B - 13/01/1988

IVF Case. Donor egg.

Donor age - 26/F

ET - 29/05/2025

Height - 5 feet 1 inch

Weight - 58.7 kg

Indian, No smoking

USG - Twin pregnancy with gestational age of 12-13 weeks

Pallavi Agrawal  
DNB Radiologist (Gold Medalist)  
Specialist in Fetal Medicine  
Awarded by Fetal Medicine Foundation USA  
Reg. No: CGMC 6348/2016

**AGRAWAL DIAGNOSTICS**  
Center For Advanced Fetal Imaging  
3D, 4D Sonography | Color Doppler | Digital X-Ray | Guided Procedures

Dr. Apoorv Agrawal  
MBBS MD PGDHHM  
PGDALS  
Reg. No: CGMC 4085/2012

Between OCM Chowk & Mahila Thana Chowk, Byron Bazar, Raipur (C.G.) - 492001  
Phone: 0771 4000511, 9301002630, Email: apadiagnostic@gmail.com

PATIENT NAME: MRS. ANKITA PAL  
REFERRED BY: DR VERONICA YUEL

AGE: 36 Y/ F  
DATE: 07.08.2025

### OBSTETRIC SONOGRAPHY (NT SCAN)

L.M.P. : 29.05.2025  
Gestational age by LMP : 10 WKS 0 D  
E.D.D. by LMP : 05.03.2026

- The uterus is gravid.
- Two separate placentas are seen placenta posteriorly with fusion seen as lambda sign- diamniotic dichorionic pregnancy. Placenta - lower margin covering the os.
- There is no evidence of subchorionic haemorrhage at the time of examination.
- The internal os is closed.
- Cervical length : 3.3 cm.
- Subserosal fibroid measuring 4.7 x 4.5 cm noted at right lateral aspect at the level of internal os.

#### Fetus A inferior & closer to os

##### *Routine grey scale assessment:*

- CRL : 6.2 CM corresponding to gestational age of 12 WKS 5 D
- E.D.D. by sonography : 14.02.2026
- Cardio-somatic activity is normal, FHR - 155 BPM.

##### *Fetal anatomical assessment:*

- Normal cranial ossification, midline falx and choroid plexus filled ventricles seen. Fetal situs appears normal. No abnormal intraabdominal lesion noted. Abdominal wall is intact. Four limbs, each with three segments appear normal.
- Visualised spine appears normal. Normal three vessel cord visualized.

##### *First trimester aneuploidy markers:*

- Nuchal translucency measures at the most 1.4 mm
- Nasal bone appears normal.
- Ductus venosus reveals normal triphasic forward flow without reversal.

#### Fetus B superior & away from os

##### *Routine grey scale assessment:*

- CRL : 5.8 CM corresponding to gestational age of 12 WKS 3 D
- E.D.D. by sonography : 16.02.2026
- Cardio-somatic activity is normal, FHR 170 BPM.

##### *Fetal anatomical assessment:*

- Normal cranial ossification, midline falx and choroid plexus filled ventricles seen. Fetal situs appears normal. No abnormal intraabdominal lesion noted. Abdominal wall is intact. Four limbs, each with three segments appear normal.
- Visualised spine appears normal. Normal three vessel cord visualized.

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First trimester aneuploidy markers:

- Nuchal translucency measures at the most 1.2 mm
- Nasal bone appears normal.
- Ductus venosus reveals normal triphasic forward flow without reversal.

Doppler for Preeclampsia screening:

- Average Uterine artery PI: 1.5

**IMPRESSION :**

- Twin live dichorionic diamniotic gestation with gestational age of 12 - 13 weeks wks.
- Low lying placenta covering the os.
- No gross abnormality is noted at this stage.

Thanks for reference.

Suggest: Clinical correlation and follow up at 19-20 weeks for malformation scan

I, Dr Pallavi Agrawal, declare that while conducting ultrasonography on MRS. ANKITA have neither detected nor disclosed the sex of her foetus to anybody in any manner.

Dr. Apoorva Agrawal  
MD  
Consultant Radiologist

Dr. Pallavi Agrawal  
M.D. DNB  
Consultant Radiologist

Fetal structures are not sufficiently developed in first trimester to allow accurate assessment. Still, in good faith, we make the best possible efforts to detect all anomalies possible to be detected on sonography at this time. This is early screening test to rule out obvious major defects and should not substitute detailed anomaly scan at second trimester. The optimal visualization of fetal parts can be affected by fetal position, fetal movements, maternal obesity and adequacy of liquor.



भारतीय विशिष्ट पहचान प्राप्तिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

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5463 5929 5882

MERA AADHAAR, MERI PEHACHAN



भारत सरकार  
GOVERNMENT OF INDIA

अंकिता पाल  
Ankita Pal  
जन्म तिथि/ DOB  
13/01/1988  
महिला / FEMALE



5463 5929 5882

मेरा आधार, मेरी पहचान

Hyderabad, Telangana