

**PATIENT NAME : MRS. PRADNYA LONDHE**

**HEIGHT : 154 CM**

**WEIGHT : 66 KG**

**DATE OF BIRTH : 26/08/1992**

**Dr. Yuvraj Salunkhe**

M.B.B.S.,D.M.R.E.

**Dr. Pragati Salunkhe**

M.B.B.S.,D.M.R.E.



**Atharv**

Ultrasound Clinic &  
Colour Doppler Center

<b>Patient Name</b>	<b>MRS. PRADNYA LONDHE.</b>	<b>Age / Sex</b>	<b>33/F</b>
<b>Referred by</b>	<b>DR. MRS. A. S. PATIL. M.D. D.G.O.</b>	<b>Exam Date</b>	<b>15-08-25</b>

**OBSTETRICS – Nuchal Translucency Scan**

Real time B mode ultrasonography done with transabdominal probe.

**L.M.P. – 20-05-25.**

**E.G.A. :- 12 wks 2 days**

**E.D.D. by L.M.P. :- 24-02-26.**

As per the history given by patient -

<b>H/O Major structural defect in previous child</b>	<b>No</b>
<b>H/O Consanguinity</b>	<b>YES</b>

A single smooth intrauterine gestation is seen.

Decidual reaction is good.

A single live fetus is seen inside.

Fetal movements seen.

There is no evidence of any sac separation noted.

Placenta is anterior.

Amniotic fluid is normal.

There is no obvious adnexal pathology seen.

Cervical length is adequate.

Internal OS is closed.

**BIOMETRY :**

<b>CRL</b>	<b>62 mm</b>
<b>Maturity as per CRL</b>	<b>12 wks 2 days</b>
<b>EDD as per CRL</b>	<b>22-02-26.</b>
<b>Embryonic heart rate</b>	<b>156 bpm</b>

**Fetal Anatomy :**

<b>Head-Trunk differentiation</b>	<b>Seen</b>
<b>Skull &amp; Brain</b>	<b>Seen</b>
<b>Spine</b>	<b>Appears normal</b>
<b>Intracranial translucency</b>	<b>Seen</b>
<b>Abdominal wall</b>	<b>Appears normal</b>
<b>Stomach &amp; Bladder</b>	<b>Seen</b>
<b>Fetal limbs</b>	<b>Seen</b>

<b>Nuchal Translucency</b>	<b>2.1 mm</b>
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**P.T.O.**

**Other chromosomal markers :**

Nasal Bone	Seen
Frontomaxillary angle	Appears normal
Ductus Venosus spectral trace	Normal ( No reversal of 'a' wave seen)
Tricuspid Valve spectral trace	No abnormal spectral velocimetric findings
Megacystis	Not seen

**On screening uterine arteries on doppler –**

	R.I.	P.I.	Remarks
Right Uterine Artery	0.82	2.02	High resistance flow
Left Uterine Artery	0.90	2.72	High resistance flow

**OPINION :**

- Single live intrauterine pregnancy of gestational age of 12 – 13 Wks.
- Please correlate with biochemical markers to assess risk for aneuploidy.
- Suggest repeat scan at 18 to 22 wks - to r/o evolving anomalies.

Thanks for referral.  
With regards.

Dr. Yuvaraj Sgunkhe.

