



Patients Name : MRS. SHILPA SHYAM THAKARE
 Age : 24 YEARS / F
 Referred by : Dr. GEETA JOGI MADAM
 Date : 25 Aug 2025
 Examination : USG – Obstetric NT Scan

LMP – 19 May 2025. GA by LMP – 14w0d.

OBSERVATION:

- #> Urinary bladder partially full.
- #> Single live intrauterine fetus is seen with CRL 73.37 mm corresponding to 13 weeks 3 days.
- #> Cardiac activity is seen with FHR 152 BPM.
- #> Fetal movements are well appreciated.
- #> Gestational sac is regular. Choriodecidual reaction is good.
- #> Placenta is forming in fundal region. Retroplacental zone appears normal.
- #> Amniotic fluid is adequate.
- #> Cervical length is normal, measures 3.8 cm. Internal os is closed.
- #> No free fluid in Cul-De-Sac.
- #> Right uterine artery PI – 2.55. Left uterine artery PI – 1.76. Mean PI – 2.15 (91 percentile – higher side of normal)

#> **Aneuploidy Markers:**

Nasal bone	appears ossified.
NT	2.05 mm. (61 percentile for this CRL)
Ductus venosus	<u>'a'</u> wave reversal.

- #> Normal choroid plexus, ventricles and falx. Skull vault, fundic bubble, upper and lower extremities are visualized. PMT is visualized. Three vesseled cord is noted. Normal cord insertion on fetal abdomen.



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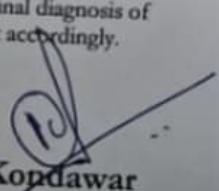
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IMPRESSION:

Sonic findings suggest single live intra-uterine pregnancy corresponding to 13 weeks 3 days gestational age.
Gestational age assigned as per CRL (previous scan dated 06/07/2025).
Assigned EDD - 27/02/2026.
NT appears normal.
'a' wave reversal in ductus venosus.

Suggested correlation with dual markers.

I declare that while undergoing ultrasonography/image scanning on this patient, I neither detected nor disclosed the sex of fetus to anybody in any manner.
All measurements including estimated fetal weight are subject to statistical variations.
THIS IS ROUTINE LEVEL ONE USG SCREENING & THIS DOES NOT INCLUDE FETAL ANOMALY SCANNING. FETAL ANOMALY SCANNING SHOULD BE ADVISED TO PATIENT AS PER CLINICAL NEED.
Not all anomalies can be detected on sonography. **This scan does not include fetal ECHO.**
Investigations have their limitations. Solitary radiological / pathological and other investigation never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation to symptom and other related tests. Please interpret accordingly.


Dr. Kamod Kondawar
MBBS, DMRE
ScholarMD training in Fetal Medicine
Consultant Radiologist and Sonologist