



# SHRI RAM

## DIAGNOSTIC CENTER

SONOGRAPHY, DIGITAL X RAY & CT SCAN

Dr. Ankush N. Balki

MBBS, DMRE (Radiology)  
Life member IRIA, SFM member  
Reg. No. 2010/03/0772



ScholarMD  
Specially trained  
in fetal medicine

Patient name	Mrs. SHIRIN SOHAIL KHAN	Age/Sex	26 Years / Female
Patient ID	E52606-25-09-19-24	Visit no	1
Referred by	Dr. NILESHA BALKI MADAM	Visit date	19/09/2025
LMP date	19/06/2025, LMP EDD: 26/03/2026[13W 1D]   C-EDD: 25/03/2026[13W 2D]		

### OB - First Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

#### Maternal

Cervix measured 4.10 cm in length.

Right Uterine	1.28	●—(26%)
Left Uterine	1.36	●—(33%)
Mean PI	1.32	●—(30%)

#### Fetus

##### Survey

Placenta	: Forming anteriorly
Liquor	: Adequate
Umbilical cord	: Two arteries and one vein
Fetal activity	: Fetal activity present
Cardiac activity	: Cardiac activity present Fetal heart rate - 148 bpm

##### Biometry(Hadlock, Unit: mm)

CRL	72.1, 13W 2D	●—(50%)
BPD	23, 13W 5D	●—(58%)

##### Aneuploidy Markers (mm)

Nasal Bone	ossified
NT	0.95 ●—(<1%)
Ductus Venosus	Normal
	Normal flow

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### claimer

• Ankush Narayan Balki declare that while conducting ultrasonography/ image scanning on Mrs. Shirin hall Khan I have neither detected nor disclosed the sex of her foetus to anybody in any manner.

### anks for Referral

Evolving anomalies are seen at later stages of gestation and are not seen in earlier scans.

Anomalies of small parts like ears, fingers and toes can not be detected routinely because of unfavorable position to visualised it.

• Normal looking fetal stomach bubble does not rule out esophageal atresia/Tracheo esophageal fistula.

• Minor cardiac defects like small VSDs, mild stenotic lesions, coronary artery anomalies and anomalies that evolve towards later gestation like aortic arch anomalies and those of pulmonary venous drainage may not be always identifiable antenatally.

• Anomalies resulting from one closure of physiological shunts like ASD and PDA will be evident only after birth.

• Congenital skin disorders can not be detected prenatally.

• Congenital metabolic disorders, enzyme deficiencies can not be detected on USG.

• Abnormalities in the external genital organs can not be seen and documented for legal reasons.

• Congenital dislocations of joints can be suspected only when extremities are seen in abnormal position while scanning.

Expected baby weight given on USG can have 10-15 percent variation on either side.

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## Fetal Anatomy

**Head** : Skull / Brain appears normal  
Intracranial structures/lucencies appears normal, Choroid plexuses seen.

**Neck** : Neck seen appeared normal.

**Spine** : Visualised spine appeared normal. No e/o significant open neural tube defect.

**Face** : Pre maxillary triangle and orbits seen.

**Thorax** : Both lungs appeared normal

**Heart** : Four chamber view and outflow tracts seen.  
Echogenic intracardiac focus noted in left ventricle.

**Abdomen** : Abdominal situs appeared normal.  
Stomach bubble seen.  
No e/o ascites.  
Abdominal wall intact.

**KUB** : Bladder and kidney seen appeared normal.

**Extremities** : Upper limbs and lower limbs seen appeared normal.

## Impression

Intrauterine live gestation corresponding to a gestational age of 13 Weeks 2 Days

Gestational age assigned as per biometry ( CRL )

Menstrual age 13 Weeks 1 Day

Corrected EDD 25-03-2026

Placenta - Forming anteriorly

Liquor - Adequate

**Echogenic intracardiac focus in left ventricle(isolated finding).**

Kindly correlate clinically & Suggest: detailed anomaly scan at 18-22 wks.

First trimester screening for Downs

Maternal age risk 1 in 1228

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