



Amogh Imaging & Diagnostics

CT Scan | 3D / 4D Sonography | Colour Doppler |
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Name	MRS. RENUKA SATARKAR	Ref. by	Dr. PRATIBHA CHAVAN MADAM
Age/Sex	28 YEARS/F	Date	06 Oct 2025

OBSTETRIC NT SCAN

Dating	LMP	GA WEEKS DAYS	EDD
By C-EDD		11w6d	21 Apr 2026
By USG		11w5d	22 Apr 2026
AGREED DATING IS (BASED ON BIOMETRY)			

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

ETAL SURVEY:

lacenta developing **posteriorly**.

here is no evidence of subchorionic hemorrhage

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

ervical length measures 27.1 mm. The internal OS is closed.

Heart Rate: 173 bpm. **No significant tricuspid regurgitation.**

Urtus Venosus Waveform: Normal waveform Pattern. No reversal or absence of a wave.

nasal Bone: 1.56 mm

etal biometry:

	mm	Weeks days	PERCENTILE	LINE CHART
NT	0.9 mm	-	50 %	N
CRL	50 mm	11w5d	21.3 Percent	++•+ +

ETAL 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.

TORAX: 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.

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UTERINE ARTERY SCREENING DOPPLER

<u>Vessels</u>	<u>S/D</u>	<u>RI</u>	<u>PI</u>	<u>PI Percentile</u>	<u>Remarks</u>
Right Uterine Artery	11.08	0.91	2.62		Normal
Left Uterine Artery	4.98	0.8	2.03		Normal
Mean PI			2.33	95%	Normal

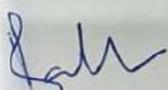
PREGNANCY:

- Early single live intra uterine gestation of 11w5d- gestational age assigns as per biometry (CRL).
- Nuchal translucency and nasal bone are normal
- No gross congenital anomaly seen at this stage
- Borderline PI of uterine artery.

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

ASE 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 report is not for medicolegal purpose

Mr. Rahul B. Bhute declare that while conducting ultrasonography on this patient, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.



Rahul B. Bhute
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