



# DAFFODILS

Daryav Fertility, Foetal Care and Day-Care Institute of Laparoscopy

tender loving care....

**DR. JAGRUTI B. MURKEY**

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 2 yrs Fellowship in Fetal Medicine (Mediscan Chennai)  
 Ex. Consultant in Mediscan (Chennai)  
 Certified for NT Scan by FMF, London, UK

Patient name	Mrs. PRIYA AMOL GUDADHE	Age/Sex	31 Years / Female
Patient ID	D25646	Visit No	1
Referred by	Dr. ARTI KABRA MURKEY	Visit Date	30/10/2025
LMP Date	25/07/2025 LMP EDD: 01/05/2026 [13W 6D]		

## OB - First Trimester Scan Report

**Indication(s)****FIRST TRIMESTER NUCHAL TRANSLUCENCY AND ANOMALY SCAN**

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Poor penetration of sound waves due to thick abdominal wall.

**Maternal**

Cervix measured 3.10 cms in length.

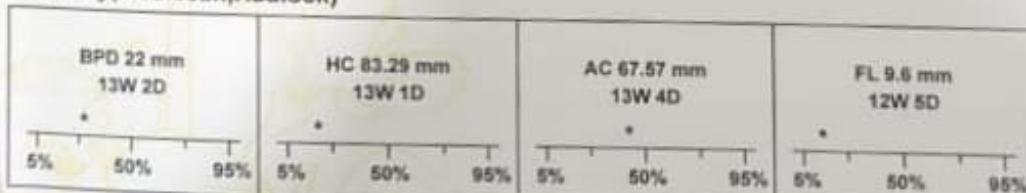
Right uterine PI : 2.

Left uterine PI : 3.

Mean PI : 2.50 (&gt; 99 %ile)

**Fetus****Survey**

Placenta	: Fundal
Liquor	: Normal
Umbilical cord	: Two arteries and one vein
Fetal activity	: Fetal activity present
Cardiac activity	: Cardiac activity present Fetal heart rate - 147 bpm

**Biometry(Mediscan,Hadlock)**

CRL - 74 mm (13W 3D)

**Aneuploidy Markers**

Nasal Bone : seen

Nuchal translucency : 1.9 mm Normal.

Ductus venosus : normal flow.

Tricuspid regurgitation : No evidence of tricuspid regurgitation.

**Mrs. PRIYA AMOL GUDADHE / D25646 / 30/10/2025 / Visit No 1**

**Fetal Anatomy**

Head: normal, Neck: normal, Spine: normal, Face: normal, Thorax: normal, Heart: normal, Abdomen: normal, KUB: normal, Extremities: normal

Head :Both lateral ventricles seen. Intracranial translucency appeared normal.

Face :Orbits and Premaxillary triangle seen

Heart :Heart - Two inflows and outflows imaged in colour.

**Impression**

**INTRAUTERINE GESTATION CORRESPONDING TO A GESTATIONAL AGE OF 13 WEEKS 6 DAYS  
GESTATIONAL AGE ASSIGNED AS PER LMP**

**PLACENTA - FUNDAL**

**LIQUOR - NORMAL**

**MATERNAL - BILATERAL MEAN UTERINE ARTERY DOPPLER SHOWS HIGH RESISTANCE TO FLOW  
- (PI >95 %tile) S/O INCREASED RISK OF FETAL GROWTH RESTRICTION AND / OR PRETERM PRE ECLAMPSIA.**

**SUGGESTED**

1. COMBINED FIRST TRIMESTER SCREENING FOR DOWNS SYNDROME.(Blood test cut off CRL 84mm)
2. KINDLY CONSIDER STARTING LOW DOSE ASPIRIN IN VIEW OF INCREASED UTERINE ARTERY PI.  
(150 mg as per new ASPRE trial)
3. DETAILED ANOMALY SCAN AT 20 WEEKS.

(Please bring referral letter.)

**Note - Nuchal translucency NT was measured as per FMF (Fetal Medicine Foundation U.K. ) Guidelines.**

I Mrs. Priya Gudadhe ... Declare that while undergoing Ultrasonography, I do not want to know the sex of my fetus.  
**DECLARATION** - I declare that while conducting ultrasonography / image scanning, I have neither detected nor disclosed the sex of the fetus to anybody in any manner. All congenital anomalies and genetic conditions may not be detected on ultrasonography due to limitations like fetal position, amount of liquor, previous scars, Small VSDs, late appearance of few anomalies, TO fistula and structures that are not part of routine imaging protocol. Detailed fetal echo not included in scan.

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