मातृसेवेसाठी समर्पित
पवार हॉस्पिटल
मॅटर्निटी & नर्सिंग होम
PAWAR HOSPITAL

डॉ. अतुल दामोधर पवार
M.B.B.S. (GMC,Nagpur)
DGO (Dr. R N Cooper Hospital, Mumbai)
DNB (OBGY) (Holy Family Hospital, New Delhi)
Fetal Medicine Consultant
प्रसूती व स्त्रीरोग तज्ञ
Reg No. 2014/12/4982
FMF ID: 327740

Radiology No. : 0442/2025
Patient Name : Ankita Gawande
W/O : Ganesh Gawande

Date : 12/12/2025
Age/Sex : 26 yrs /F
OPD NO : 01810/25

Indication:- NT Scan

LMP:- 12/09/2025 **EDD:- 19/06/2026** **POG:- 13 Weeks 0 days**

There is **Single live Fetus** present in the uterine cavity.

CRL measures **61.7 mm** corresponding to **12 weeks 4 days.**

Fetal movements and cardiac activity appreciated.

Fetal heart rate = **158/bpm**

NT- measures **1.19 mm** (Unremmarkable)

Nasal Bone- seen, measuring **1.9 mm.**

Ductus Venosus flow appears normal.

Cervical Length – **3.39 cm (Normal)**

Placenta:- Forming Posteriorly and Low Lying

Amniotic fluid appears **adequate .**

Fetal parameters

BPD	**17.1 mm**	**12 Wks 4 days**
HC	**69.8 mm**	**12 Wks 5 days**
AC	**55.8 mm**	**12 Wks 3 days**
FL	**8.6 mm**	**12 Wks 4 days**

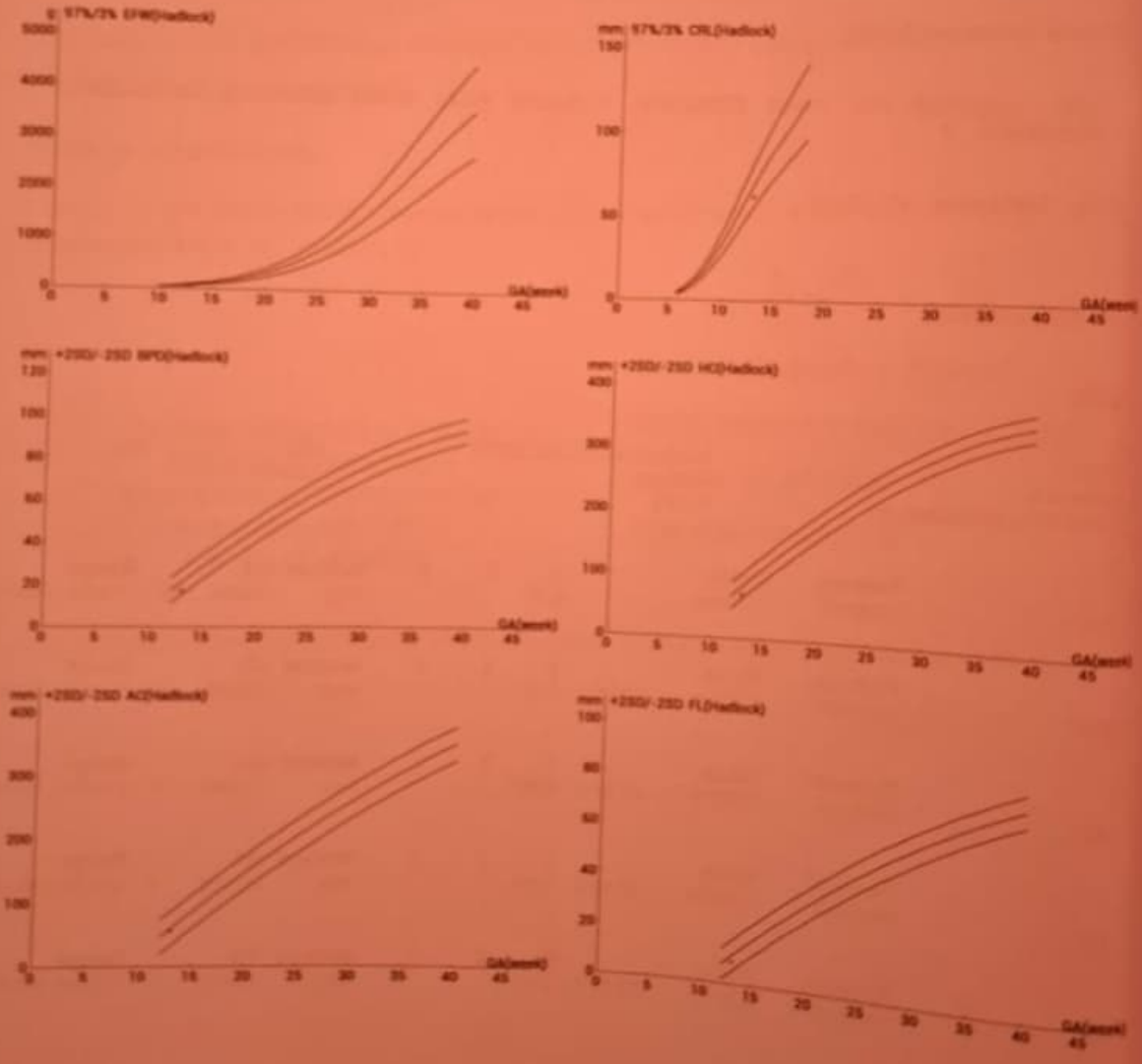
EFW:- 60 grams +_12% (2 SD)

	Value	1	2	3	Method
NT	1.19mm	1.18	1.19	1.19	Avg
NBL	1.9mm	1.9			Avg
OFD(HC)	2.44cm	2.44			Avg
CI(HC)	69.98* (70.00~86.00)				
HC/AC(Campbell)	1.25 (1.14~1.31)				
FL/BPD	50.69 (GA OOR)				
FL/HC(Hadlock)	12.39 (GA OOR)				
FL/AC	15.49* (20.00~24.00)				

Doppler Measurements

	Value	1	2	3	4	5	6	Method
FHR (Doppler)	158bpm	158						Avg

Fetal Growth



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PRENATAL SCREENING REQUEST FORM

First Trimester (Dual Marker **9.0-13.6 wks**)	Triple and Quad Marker (**14.0-22.6 wks**)

Patient Name : Mrs. Ankita Dawande **Sample collection date** : 21/12/25

Vial ID : 25140139

Date of Birth (Day/Month/Year) : 31/12/1999

Weight (Kg) : 63 kg

L.M.P. (Day/Month/Year) : 12/9/25

Gestational age by ultrasound (Weeks/days) : 12/4 **Date of Ultrasound** : 12/12/25

Nuchal Translucency(NT) (in mm): 1.19 CRL (in mm) : 61.7 BPD : 17.1

Nasal bone (Present/Absent) 1.9

Ultrasound report : First trimester ○ Second trimester ○

Sonographer Name : _____

Diabetic status : Yes ○ No ○

Smoking : Yes ○ No ○

No.of Fetuses : Single ○ Twins ○

Race : Asian ○ African ○ Caucasian ☐Others ○

IVF : Yes ○ No ○ **If Yes,** Own Eggs ○ Donor Eggs ○

If Donor Eggs, Egg Donor birth date : __/__/__

Previous pregnancies :

With Down Syndrome : Yes ○ No ○

With Neural tube Anomaly : Yes ○ No ○

Any other Chromosome anomaly : Yes ○ No ○

Signature :