

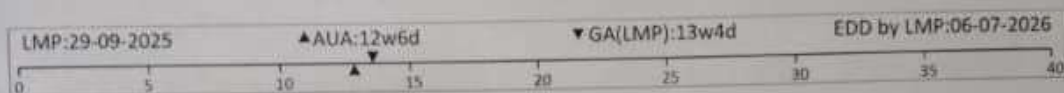


# CIDCO DIAGNOSTIC CENTER

SONOGRAPHY | COLOUR DOPPLER | DIGITAL X-RAY | MAMMOGRAPHY

Patient Name: BHAGYSHRI VINOD BHOLE	Date: 02/01/2026
Ref Phy: DR. APARNA CHANDALIYA	Age/Sex: 35 Years / FEMALE

## OBSTETRIC NT SCAN



Dating	LMP	GA	Weeks	Days	EDD
By LMP	LMP: 29/09/2025		13	4	06/07/2026
By USG			12	6	11/07/2026
AGREED DATING IS (BASED ON LMP)					

There is a single gestation sac in uterus with a single fetus within it.  
The fetal cardiac activities are well seen.  
Placenta is **posterior lower** segment, lower edge covering internal os.  
**Amniotic Fluid:** Normal  
Internal os is closed and length of cervix is normal 3.8 cm.

Embryonal Growth Parameters	mm	Weeks	Days
Crown Rump Length	64.4	12	6
Heart Rate	150 Beats Per Minute.		
The Embryo attains 40 weeks of age on	11/07/2026		
Nuchal Translucency	1.1 mm 15% +		
Nasal Bone	present		
Hands, Limbs, Nasal Triangle Integrity, Bladder, Stomach & Umbilical Arteries	Seen		
Ductus Venosus Waveform	Normal waveform Pattern		

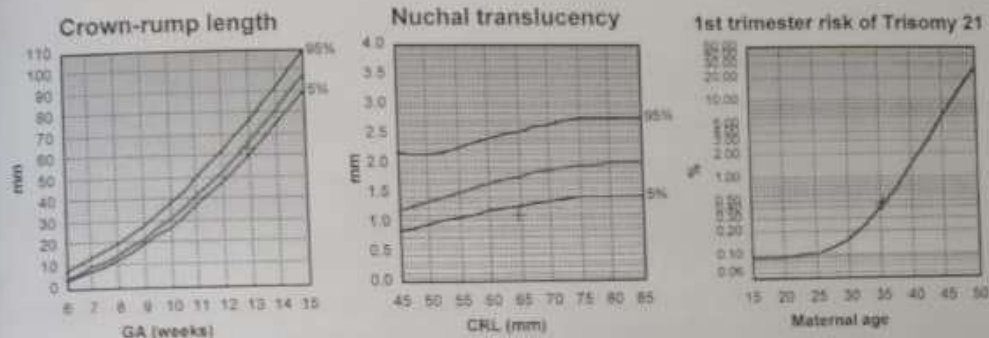
Vessels	S/D	RI	PI	PI Percentile	Remarks
Right Uterine Artery	5.88	0.83	2.08	88.1% +	No early Diastolic notch seen
Left Uterine Artery	1.65	0.39	0.52	0.06% +	No early Diastolic notch seen
Mean Uterine Artery			1.3	25% +	Normal
Ductus venosus	5.45	0.82	1.25		PSV=36.79 Normal waveform Pattern

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**First trimester:** Pre Ultrasound Maternal age risk for Trisomy 21 is 1 in 249

**Risks from History**

Trisomy 21: 1 in 230

Trisomy 13/18: 1 in 440

The risk from history is based on a maternal age of 35 years and previous affected pregnancies.

**Risks from History, NT, DV PI**

Trisomy 21: 1 in 2400

Trisomy 13/18: 1 in 3300

The adjusted risk is the risk at the time of screening. The calculation is based on the background risk and the following parameters: Ultrasound factors (NT, DV PI).

**CONCLUSION:**

- SINGLE LIVE INTRAUTERINE FETUS OF 12 WEEKS 6 DAYS IS PRESENT.
- PLEASE CORRELATE WITH DUAL/TRIPLE MARKER TEST.

Suggested Anomaly scan at 19 weeks: 09/02/2026  $\pm$  2 days

Please note that all anomalies can not be detected all the times due to various technical and circumstantial reasons like gestation period, fetal position, quantity of liquor etc. The present study can not completely confirm presence or absence of any or all the congenital anomalies in the fetus which may be detected on post natal period. Growth parameters mentioned herein are based on International Data and may vary from Indian standards. Date of delivery (at 40 weeks) is calculated as per the present sonographic growth of fetus and may not correspond with period of gestation by L.M.P. or by actual date of delivery. As with any other diagnostic modality, the present study should be correlated with clinical features for proper management. Except in cases of Fetal Demise or Missed Abortion, sonography at 20-22 weeks should always be advised for better fetal evaluation and also for base line study for future reference.

I, declare that while conducting sonography on BHAGYSHRI VINOD BHOLE (name of pregnant woman), I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

REQUEST FOR OBSTETRIC USG ON YOUR LETTER HEAD IS MANDATORY (PCPNDT ACT). PLEASE COMPLY.

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