

Smt. DEEPSIKHA RENGAR 28/4
(Surrogate mother)

Referrals from medical grief mo

13/10/26

TSH, Thyroid marker

weight → 51.2 kg B4134042

Height - 5'1 Inch

Emp - 13/10/25

INF Case - Donor Egg

Donor Age - 29 yrs

ET - 02/11/2025

Non-smoker, no smoking

User Single live Fetus with Gestational

Age of 12 weeks 5 days -

Between OCM Chowk & Mahila Thana Chowk, Byron Bazar, Raipur (C.G.) - 492001
Phone : 0771-4000511, 9301002630, Email : apadiagnostic@gmail.com

PATIENT NAME: MRS. DEEPSHIKHA RENGE **AGE:** 28 Y/ F
REFERRED BY: DR VERONICA YUEL **DATE:** 13.01.2026

OBSTETRIC SONOGRAPHY (NT SCAN)

The real time, B mode, gray scale sonography of gravid uterus was performed .
E.D.D. by previous USG : 23.07.2026
Corrected L.M.P. : 16.10.2025
Gestational Age by cLMP : 12 WK 5 D

Routine grey scale assessment: Route: transabdominal

- The uterus is gravid.
- A single live fetus with following parameters is seen:
 - CRL : 6.6 CM corresponding to gestational age of 13 WKS 0 D
 - E.D.D. by sonography : 21.07.2026
 - Cardio-somatic activity is normal, FHR 169 BPM.
 - Placenta is anterior, lower margin 2 cm away from the os.
 - There is no evidence of subchorionic haemorrhage at the time of examination.
 - The internal os is closed, Cervical length : 3.0 cm

Fetal anatomical assessment:

- Normal midline falx and choroid plexus filled ventricles seen.
- Intracranial translucency measures 1.8 mm
- Stomach bubble is seen.
- Fetal heart shows two inflow tracts and dot and dash 3VV.
- Four limbs, each with three segments imaged.
- Normal three vessel cord visualized.

First trimester aneuploidy markers:

- Nuchal translucency measures at the most 1.7 mm.
- Nasal bone is present.
- Ductus venosus reveals normal triphasic forward flow without reversal.
- No tricuspid regurgitation is noted.

Doppler for Preeclampsia screening:

- Average Uterine artery PI: 1.55 (WNL)

Risks from history only (age and previous birth history)

- Trisomy 21: - 1 in 690
- Trisomy 13/18: - 1 in 1200

Risks from history plus NT, FHR

- Trisomy 21: - 1 in 10000
- Trisomy 13/18: - 1 in 10000

This software is based on research carried out by The Fetal Medicine Foundation. Neither the FMF nor any other party involved in the development of this software shall be held liable for results produced using data from unconfirmed sources. Clinical risk assessment requires that the ultrasound and biochemical measurements are taken and analyzed by accredited practitioners and laboratories.

Contd on Page 2

This Report is not for medicolegal purpose. Investigation can be affected by technical and physical factors. Solitary radiological investigation never confirms the final diagnosis and must be correlated with clinical findings and other investigations.

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Page 2

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REFERRED BY: **DR VERONICA YUEL**

AGE: 28 Y/ F
DATE: 13.01.2026

IMPRESSION:

- Single live fetus with gestational age of 12 wks 5 d
- Gestational age assigned as per corrected EDD
- Nuchal translucency is 1.7 mm (36th percentile)
- No abnormality noted at present

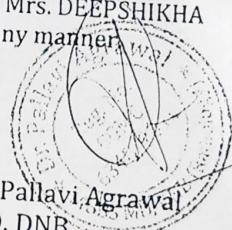
Thanks for reference madam.

Suggest:

1. Dual marker correlation

2. follow up at 19-20 weeks for malformation scan

I, Dr Pallavi Agrawal, declare that while conducting ultrasonography on Mrs. DEEPSHIKHA have neither detected nor disclosed the sex of her foetus to anybody in any manner.



Dr. Apoorv Agrawal
MD
Consultant Radiologist

Dr. Pallavi Agrawal
M.D. DNB
Consultant Radiologist
Fetal medicine specialist
(FMF UK certified-id-183149)

Fractions are not sufficiently developed in first trimester to allow accurate assessment. Still, in good faith, we make the best possible efforts to detect all anomalies possible to be detected on sonography at this time. This is early screening test to rule out obvious major defects and should not be a detailed anomaly scan at second trimester. The optimal visualization of fetal parts can be affected by fetal position, fetal movements, maternal and adequacy of liquor.