

Smt. DEEPSIKHA RENGEE 28/12  
(Surrogate mother)

Rehman verma's gup mo

13/01/26

TSH, Urine marker  
weight → 51.2 kg B4134042

Height → 5'1 Inch

Lmp → 13/10/25

IVF Case - Donor Egg

Donor Age - 29 yrs

ET - 02/11/2025

Indian, No smoking

Use - Single live Fetus with Gestation  
Age of 12 wks 5 days -

PATIENT NAME: MRS. DEEPSHIKHA RENGE  
REFERRED BY: DR VERONICA YUEL

AGE: 28 Y/ F

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

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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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# AGRAWAL DIAGNOSTICS

Center For Advanced Fetal Imaging

3D, 4D Sonography | Color Doppler | Digital X-Ray | Guided Procedures

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## 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 (36<sup>th</sup> 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)

Structures 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.