

15/1/26

① Mrs. Harsh Kaur Bhatia

Age - 29 y/f

Double Marker

DOB - 9/8/1997

CMP - 24/10/2025

Height - 5'3"

Weight - 130.0 Kg.

Referred by: DR. MANASI GULATI MBBS,MD

Patient ID 1:
E80580-26-01-15-15
Date 15-01-2026

First Trimester Risk Assessment

Patient: **HARSHDEEP KAUR** DOB:09-08-1997 (28 years)
Exam date: 15-01-2026
Indication: NT / NB/DV/TR SCAN
History: **General** Smoking: no
History
Method: Transabdominal ultrasound examination, Voluson E10. View: Good view
Pregnancy: Singleton pregnancy. Number of fetuses: 1
Dating:

	Date	Details	Gest. age	EDD
LMP	24-Oct-25		11 w + 6 d	31-Jul-26
Conception		Conception: spontaneous		
U/S	15-Jan-26	based upon CRL	12 w + 1 d	29-Jul-26
Agreed dating		based on ultrasound (CRL)	12 w + 1 d	29-Jul-26

General Evaluation: **Cardiac activity present**
Placenta: Posterior, Grade-0. Low lying placenta reaching upto internal oss.
Cord vessels: 3 vessel cord.
Amniotic fluid: normal amount.

Fetal Biometry	FHR	170 bpm	85%	Nasal bone	2.9 mm
	CRL	55.6 mm	35%	IT	1.3 mm
	NT	1.40 mm			

Fetal Doppler: **Ductus Venosus:**
PIV 1.38 94%
Impression: Normal ductus venosus doppler study

Maternal Doppler: **Right uterine artery:**
PI 7.18
Left uterine artery:
PI 2.35 91%
Mean PI 4.76

Impression: Uterine artery shows increased uteroplacental resistance blood flow may suggest high risk of PIH or fetal growth restriction in later pregnancy.

Maternal Structures: **Cervix** Cervical length 40.4 mm

धृति डायग्नोस्टिक एंड रिसर्च सेंटर प्रा.लि.

MBBS, DMRD, Consultant Radiologist
Certified By:
FMF-UK (Fetal Medicine Foundation)
FMF ID : 286795
Member of : International Society of Ultrasound
in Obstetrics and Gynecology (ISUOG)

MBBS, MD
Consultant Pathologist

ISO

9001:2015

ISO (अंतराष्ट्रीय मानकीकरण संगठन) के मान्यता प्राप्त प्रमाणित
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07744-29927

कलंदर कॉलेज रोड, हरदोय

93019 90990

Risk Parameters

Maternal Characteristics and History

Age: 28 yrs. Height 160 cm, 5 ft 3 in. Weight 130 kg, 287 lb. Ethnic origin: Indian. Smoking currently: no. Conception: spontaneous
Diabetes mellitus: no. History of chronic hypertension: no. Systemic lupus erythematosus: no. Antiphospholipid syndrome: no. Maternal family history of preeclampsia: no
Parity (pregnancies after 23 weeks): nulliparous
Previous pregnancy with preeclampsia: no. Previous pregnancy with fetal growth restriction: no

U/S Markers

Nasal bone: present. Tricuspid regurgitation: absent. Fetal cardiac activity: present. FHR 170 bpm. Ductus ven. PIV 1.38. Holoprosencephaly: no. Diaphragmatic hernia: no. AV-septal defect: no. Exomphalos: no. Megacystis >= 7 mm: no.

Biophysical Markers

A. uterine mean PI ^ 4.76.
Mean MAP 92.3 mmHg.

Impression

Single Intrauterine Gestational Sac With Foetal Pole Is Seen At The Time Of Examination Of About 12 weeks 1 days Gestational Age .

Expected Date Of Delivery By Ultrasound: 29-07-2026.

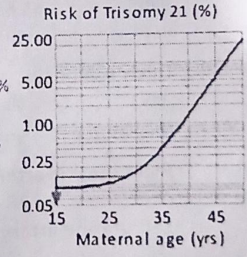
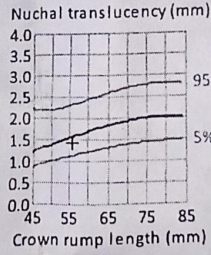
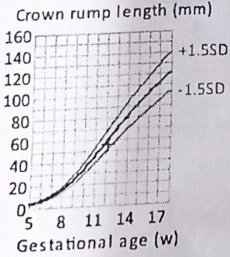
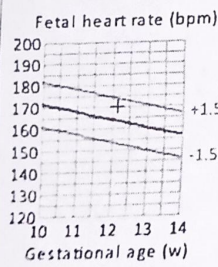
Normal NT & DV.

Normal ossified nasal bone.

No evidence of TR.

Adjusted at the time of screening ,Low risk for trisomy 21 (1 In 15094) , trisomy 18 (1 In 10527) , trisomy 13 (1 In 27605).

Uterine artery shows increased uteroplacental resistance blood flow may suggest high risk of PIH or fetal growth restriction in later pregnancy.



5D अल्ट्रासाउंड सेंटर

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Bhairavi Mandir, Beside Nirankari Furniture, Infront of PTS, R.K. Nagar, Rajnandgaon (C.G.)

Advance 1.5 Tesla MRI • Digital X-Ray • 4D Sonography • Endoscopy • ECG/TMT
6 Slice CT Scan •

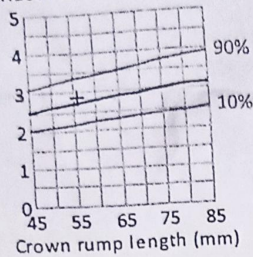
• EEG / NCV / Bera

Free Ambulance

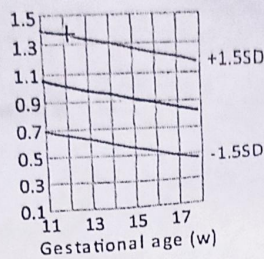


डायग्नोस्टिक
एंड रिसर्च सेंटर प्रा.लि.

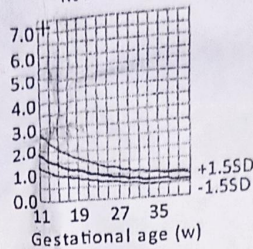
Nasal bone length (mm)



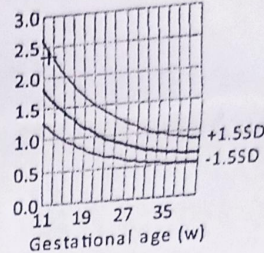
Ductus ven. PIV



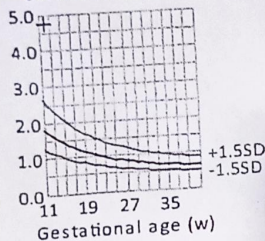
Rt uterine A PI



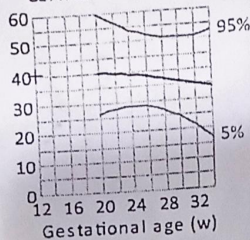
Lt uterine A PI



Uterine artery mean PI



Cervical length (mm)



Typist - Dhanswar

DR. AMIT MODI [MBBS/DMRD]

Certified By:

FMF-UK (Fetal Medicine Foundation)

FMF ID - 286795

For: NT, NB, DV, TR, (11-13 Week Scan),
Fetal Doppler & Preeclampsia Screening

Member Of:

International Society of Ultrasound in Obstetrics and Gynecology (ISUOG)

These Reports are for Assisting Doctors, Physicians in Their Treatment and not for Medico Legal Purpose and Should be Related Clinically. No Duplicate Reports shall be Issued.

Note: These Reports Are For Assisting Doctors/Physicians In Their Treatment And Not For Medio - Legal Purposes And Should Be Correlated Clinically. To Rule Out Congenital Anomalies Of Foetal Extremities A Level II Ultrasound Scan By 4D Ultrasound Machine Is Recommended. Not All The Congenital Anomalies Can Be Detected Sonographically.

Few Quotes For Obstetrics Ultrasound :-

- 1st Normal Ultrasound Is Not A Guarantee Of A Normal Child, Many Conditions Are Missed On Ultrasound.
- On Average One Third To One Half Of Foetal Structural Birth Defects Are Not Detected With Ultrasound.
- Due Dates By Ultrasound Are Not That Exact As Measurement Are Based On Flat Image Of 3D Foetus. Accuracy: 1st Trimester - One Week, 2nd Trimester - 2 Weeks, 3rd Trimester - 3 Weeks.
- Sonographic Estimates Are No More Accurate Than Clinical Estimates Of Foetal Weight.
- USG Has Certain Limitations, Some Fetal Anomalies Can Go Unnoticed Depending Upon The Nature Of Anomaly, Gestational Age, Fetal Position, Limitations Of USG Study.
- Advised To Be Reviewed / Repeat Scan SOS, If And When Required As USG Findings Along With The Course Of The Disease.