

15/1/26

① Mrs. Harsh Kaur Bhatiyan

Age - 29 yrs

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 based on ultrasound (CRL) dating		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 IT	2.9 mm
	CRL 55.6 mm	35%		
	NT 1.40 mm			1.3 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		

Page 1 of 3 for report of patient HARSHDEEP KAUR, DOB 09-08-1997

### 5D अल्ट्रासाउंड सेंटर

Reception : 07744-222290, 296655 | 83193-01577 | 97520-90390, Office : 94241-36163 | 93019-90990  
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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 $\geq$ 7 mm: no.
Biophysical Markers		A. uterine mean PI $\wedge$ 4.76. Mean MAP 92.3 mmHg.
Impression		<b>Single Intrauterine Gestational Sac With Foetal Pole Is Seen At The Time Of Examination Of About 12 weeks 1 days Gestational Age .</b>

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

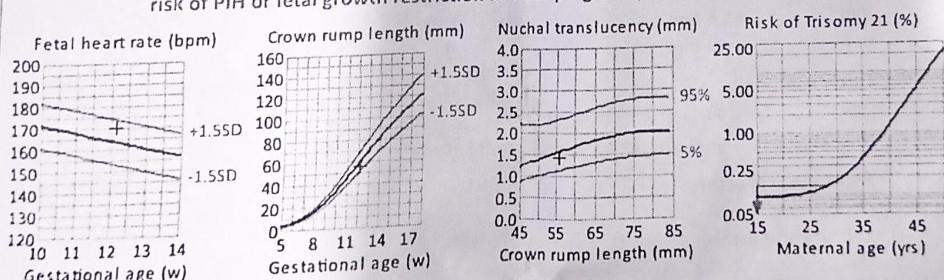
Normal NT & DV.

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.



# धायनोस्टिक

## एंड रिसर्च सेंटर प्रा.लि.

Dr. Amit Modi

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)

Dr. Vidhi Modi

MBBS, MD  
Consultant Pathologist



9001:2015

ISO (अंतर्राष्ट्रीय गणकीय कानून संगठन) से मानदण्डित एकाम्प विश्वसनीय डायनोस्टिक सेट

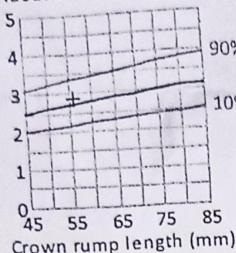
गोपनीयता अधिकारीय है:

07744-299277

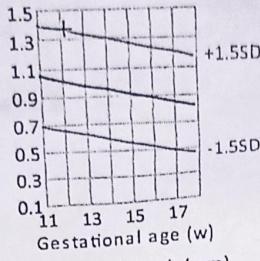
दस्तावेज़ कलेक्शन है:

93019 90990

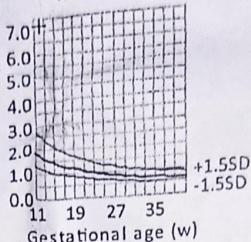
Nasal bone length (mm)



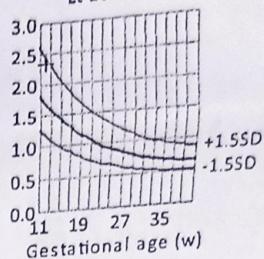
Ductus ven. PIV



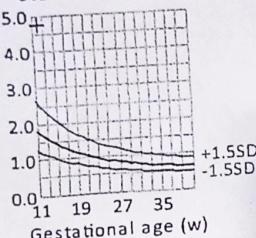
Rt uterine A PI



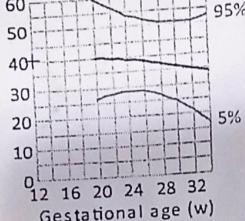
Lt uterine A PI



Uterine artery mean PI



Cervical length (mm)



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)

Typist - Dhananjaywar

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

Note: These Reports Are For Assisting Doctors/Physicians In Their Treatment And Not For Medico – 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 :-

- IA 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: 1<sup>st</sup> Trimester – One Weeks, 2<sup>nd</sup> Trimester – 2 Weeks, 3<sup>rd</sup> 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.

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