



DISHA DIGITAL X-RAY & SONOGRAPHY CENTRE

Opp. Aastha Medical, Atul Vihar, Wright Town, Jabalpur, Ph : 0761-2480053, 9926750573, 7974077941, 9165201729

Date : 16/01/2026 Patient Name : SMT. NEHA BAVERIA

Dr. Name : MOTI LAL NEHRU HOSP. CAN JBP.

Age : 31 Yrs. 0 Mths.

Sex : F

U.S.G. PELVIC SONOGRAM (ANC)

[URINARY BLADDER] is normal in contour and wall thickness. [UTERUS] IS BULKY.

- Single intra-uterine gestational sac present, having, MEAN sac diameter of 61.4 MM. - OUT OF RANGE.

- Gestational sac is regular in outline & fundal in position.

= YOLK SAC IS NOT VISUALIZED.

- SINGLE FOETUS SEEN WITH LIMB BUDS.

= CRL IS 67.1 MM. CORRESPONDING TO ABOUT 13 WEEKS 1 DAY.

- CARDIAC ACTIVITY NOTED AT THE TIME OF SCANNING - BY M.MODE.

= Foetal heart rate is 150 BEATS/MT. - ON M.MODE.

= Ductus venosus reveals normal waveform.

= Stomach bubble is seen. = All four limbs are seen. = Spine appears to be grossly normal

= Midline falx seen.

ADNEXAL REGIONS are normal. No fluid/cyst seen in adnexa. P.o.d. is empty.

= BOTH KIDNEYS ARE NORMAL IN SIZE, SHAPE & ECHOTEXTURE (MOTHER)

= THERE IS NO E/O - HYDRONEPHROSIS OR ANY MASS LESION SEEN AT PRESENT.

= E.D.D. BY U.S.G. - 24.07.2026

[OPINION] : SINGLE INTRAUTERINE GESTATIONAL SAC WITH FOETUS
CORRESPONDING TO ABOUT 13 WEEKS 0 DAY MATURITY

==> * S/O - EARLY PREGNANCY.

==> * N.T. IS NORMAL - 1.4 MM.

= N.B. - SEEN.

* CARDIAC ACTIVITY SEEN AT THE TIME OF SCANNING BY M.MODE.

* INTERNAL OS SEEN CLOSED AT THE TIME OF SCANNING.

(CLINICAL HISTORY - L.M.P. - 16.10.2025 ie 13 WEEKS 1 DAY)

ADVISED - FOLLOW UP FOR TARGET SCAN - AFTER 6 WKS.

* Ultrasound has limitation in detecting all anomalies and should be seen as an imaging modality and not as confirmatory or excluding tool. All foetal anomalies are not detected on sonography and are subject to gestational age and foetal position Sex of the child is

***** not determined not disclosed and it is a punishable offence.

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Dr. (MRS.) SUSHMA BAHRE
M.D. (RADIOLOGY)
(RADIOLOGIST & SONOLOGIST)

NOT FOR MEDICO LEGAL PURPOSE

Solitary radiological investigation have their own limitation and they usually does not confirm the final diagnosis. The opinion is to be correlated with the clinical profile and other relevant investigations. In case of discrepancies review should be solicited.