



SHUBH DIAGNOSTIC CENTRE

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1st Floor, Above Shri Ganesh Vinayak
Netralaya, Ashwani Nagar, Mahadev
Ghat Road, Raipur (C.G.) 492001

Patient Name: MRS. TANNU SAHU	Date: 27/01/2026
Ref Phy: DR. SUSHMA PUROHIT MAM	Age/Sex: 23 Years / FEMALE

OBSTETRIC NT SCAN

Dating	GA		EDD
	Weeks	Days	
By previous USG	12	0	11/08/2026
By USG	12	5	06/08/2026

There is a single gestation sac in uterus with a single fetus within it.

The fetal cardiac activities are well seen.

Chorion frondosum/Placenta is developing posteriorly in nature.

Amniotic Fluid: Normal

Internal OS is closed and length of cervix is normal (3.6 cm).

Embryonal Growth Parameters	mm	Weeks	Days
Crown Rump Length	62.6	12	5
Heart Rate	162 Beats Per Minute.		
The Embryo attains 40 weeks of age on	06/08/2026		
Nuchal Translucency	1.3 mm 8 %		
Nasal Bone	Seen		
Hands, Limbs, Nasal Triangle Integrity, Bladder, Stomach & Umbilical Arteries	Seen		
Ductus Venosus Waveform	Normal waveform Pattern		

Vessels	S/D	RI	PI	PI Percentile	Remarks
Right Uterine Artery	2.78	0.64	1.13	5.6%	No early Diastolic notch seen
Left Uterine Artery	4.02	0.75	1.56	36.4%	No early Diastolic notch seen
Mean Uterine Artery			1.35	18%	Normal

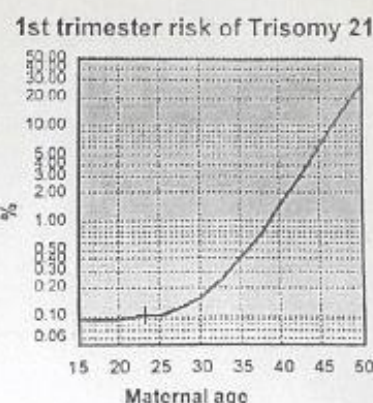
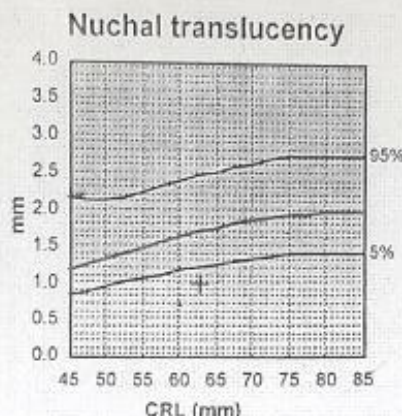
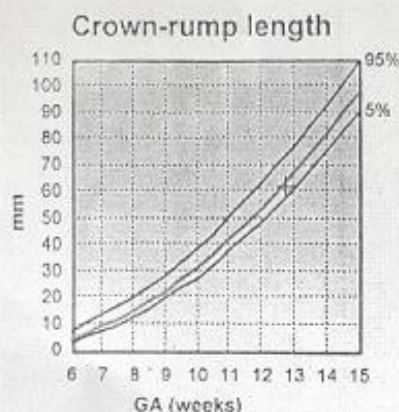
	Risk From	Risk From History Plus NT, FHR (Fetal medicine by UK)
Trisomy 21:	1 in 920	1 in 5100
Trisomy 13/18:	1 in 1600	1 in 5900

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First trimester: Pre Ultrasound Maternal age risk for Trisomy21 is 1 in 1015

IMPRESSION:

- Live single gestation of average 12 weeks 5 days.
- Corrected EDD as per CRL is 06/08/2026.
- Nuchal translucency is 1.3 mm which is 8 percentile for the CRL.
- Pre Ultrasound Maternal age risk for Trisomy21 is 1 in 1015
- Risk From History Plus NT, FHR for Trisomy 21 and Trisomy 13/18 are 1 in 5100 and 1 in 5900 respectively.
- Evaluation of maternal uterine Doppler shows normal proper placentation (mean PI-1.35).

Advice - Anomaly scan around 20 weeks/ Double marker correlation.

I, DR.MAMTA VERMA declare that while conducting sonography on MRS TANNU SAHU (name of pregnant woman), I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

Mamta Verma

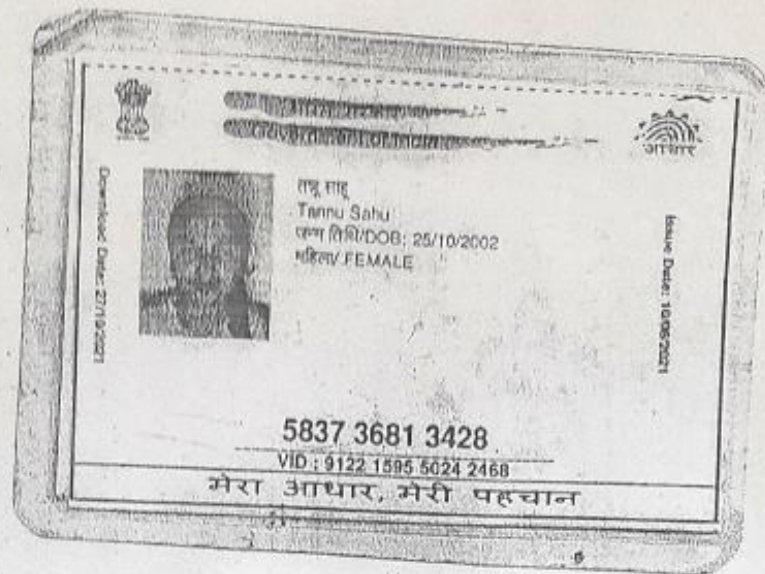
DR.MAMTA VERMA

MBBS, MD (Radiodiagnosis)

Consultant Radiologist

Please note that all anomalies can not be detected all the times due to various technical and circumstantial reasons like gestation period, fetal position, quantity of liquor etc. The present study can not completely confirm presence or absence of any or all the congenital anomalies in the fetus which may be detected on post natal period. Growth parameters mentioned herein are based on International Data and may vary from Indian standards. Date of delivery (at 40 weeks) is calculated as per the present sonographic growth of fetus and may not correspond with period of gestation by L.M.P. or by actual date of delivery. As with any other diagnostic modality, the present study should be correlated with clinical features for proper management. Except in cases of Fetal Demise or Missed Abortion, sonography at 20-22 weeks should always be advised for better fetal evaluation and also for base line study for future reference.

REQUEST FOR OBSTETRIC USG ON YOUR LETTER HEAD IS MANDATORY (PCPNDT ACT). PLEASE COMPLY.



Weight - 50 kg

Height - 4.0 feet

