

Dr. Hardik Diagnostic Centre

24-C, Near Vipin Nursing Home, Krishna Nagar,

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NAME: MRS.BHAWNA

AGE: Y/F

DATE: 30.09.2022

REF BY: DR. VARSHA TIWARI

ANTENATAL ULTRASOUND-NTNB SCAN

Single live intrauterine pregnancy is seen.

FETAL MEASUREMENTS:-

CRL	53.4 MMS	11 WEEKS 6 DAYS OF GA
CGA	11 WEEKS 5 DAYS (BY LMP)	11 WEEKS 6, DAYS +/- (BY USG)
EDD	16.04.2023 (BY LMP)	15:04:2023 (BY USG)
FHR 175 BPM		

FETAL GENERAL SURVEY

Fetal activity is seen.

Developing placenta is seen posteriorly and reaching upto the internal OS.

Amniotic fluid is adequate for the gestational age.

Umbilical cord - normal

ANEUPLOLDY MARKERS

Nasal bone is normal measures apx 2.5mm

Nuchal translucency is normal (Apx 1.3mms).

FETAL DOPPLER

Ducts venosum flow is normal.

No tricuspid regurgitation.

FETAL ANATOMY

Skull and brain appear normals

Spine is normal.

Stomach and UB are well visualized.

Extremities appears normal.

UTERINE ARTERY DOPPLER

Right uterine artery PI 1.37 -----Normal

Left uterine artery PI 1.46----Normal

Cervix is normal. No cervical incompetence is noted. Cervical length is apx 39.6mm. Both adnexa are clear.

IMPRESSION: - FINDING REVEALS

- SINGLE LIVE INTRAUTERINE PREGNANCY OF APX 11.6 WEEKS.
- NT / NB WITH IN NORMAL LIMIT. DUCTUS VENOSUM AND TRICUSPID FLOW IS
- NO OBVIOUS STRUCTURAL DEFECT IS SEEN IN PRESENT STUDY.
- PLACENTA REACHING UPTO THE INTERNAL OS-----MAY MIGRATE AS ADVANCES.

ADVICE:- LEVEL II SCAN AT 19-20WEEKS.

Depending on the size and stage of development, fœtal position, amount of liquor and maternal ■4-D ULTRASONOGRAPHY ■ COLOR DOPPLER SMALL PARTS SUNOGRAPHY ■ COLOR ECHO-CARDIOGRAPHY ■LATEST 600 MA X-RAY ■ DIGITAL X-RAY ■ E.C.G. ■ PATHOLOGY LAB.

This is only a professional opinion & not the diagnosis. Findings should be co-realted clinically. •Not for Medico Legal Purposes. Note: All foetal anomalies can't be detected by ultrasound scan.

I don't detect/declare fetal sex

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