

Date 18/12/2017
 Name Mrs. PRIYANKA
 Ref. By Dr. DEEPIKA SOOD

Srl No. 12
 Age 27 Yrs.

Patient Id 17121812
 Sex F

USG SPECIAL

USG LOWER ABD + NT

USG OBSTETRICS:-

LMP:23/09/2017 GA by LMP:12 wks 2 day EDD by LMP:30/06/2018

Maternal:

UTERUS is gravid with a normal appearing gestational sac in the upper uterine segment. The sac shows a single live fetus within it. The internal Os is closed. **The cervix is adequate in length(3.6 cm).** Both adnexae are clear.

The right uterine artery shows a normal flow pattern with RI = 0.82 and a PI = 2.03.
The left uterine artery shows a normal flow pattern with RI = 0.75 and a PI = 1.66.
The mean pulsatility index of the uterine arteries is 1.84 (within normal range).

Fetal:

Placenta: Forming posteriorly. Extends down towards the internal os, however doesnt span across it. Homogenous echopattern. No R.P. collection. Liquor amnii is normal.

CRL= 56.5 mm corresponding to 12 wks 2 days+/- 3 days. EDD by USG is 30/06/2018
Cardiac activity is visualised and is normal. Approx. = 168 bpm.

Nasal bone is seen and measures 3.2 mm in length and appears normal.

Nuchal Translucency measures 1.1 mm thick (within normal range).

Intracranial lucency is within normal range.

Ductus venosus flow is normal.

No tricuspid regurgitation.

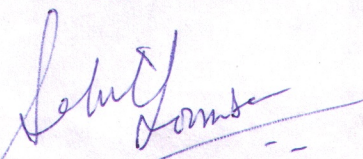
Fetal stomach bubble and fetal urinary bladder are visualised and are normal.

IMPRESSION: Single intrauterine pregnancy, corresponding to a gestational age of 12 wks 2 days +/- 6days.
 Normal level 1 scan.

I, Dr. Sahil Loomba, declare that while conducting the ultrasound on Mrs. PRIYANKA, i have neither detected nor disclosed the sex of her fetus to anybody in any manner.
 Please note: All congenital anomalies cannot be detected on ultrasound.

**** End Of Report ****

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 CONSULTANT RADIOLOGIST

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 Consultant Radiologist
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Annexure - III- Dual/ Triplet/ Quadruplets Marker Tests on Maternal Serum

Sr. No.	Pre- Requisites	Check Mark/ Remarks
1	Name	Priganka
2	Date of Birth	13-03-1991
3	LMP	23-9-17
4	Maternal Weight	69.2 kg
5	Smoking	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
6	Dietetic Status	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
7	History of IVF	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
8	If Yes, please provide DOB of donor	
9	Number of Foetus- Single/Twin	SINGLE
10	USG Report with radiological name and degree (for Dual Test - placent or CR, & NT)	Attached overleaf (on reverse)
11	Origin (Asian/European/African)	Asian
12	Dual marker test - From 9 weeks to 13 weeks	<input checked="" type="checkbox"/>
13	Triple marker - From 14 weeks to 21 weeks	<input checked="" type="checkbox"/>
14	Quadruple marker - From 15 weeks to 22 weeks	<input checked="" type="checkbox"/>
15	Previous Tripart Pregnancy	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
16	Consent Obtained	N.A.

Form filled by (Name & Signature)

Sahil Loomba

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Priganka