

### GROWTH CURVE INTERPRETATION:-

Foetal growth is within two standard deviations according to DLMP

|   |               |
|---|---------------|
| Foetal heart rate                                       | 146 Beats/mt  |
| Expected Foetal Weight                                  | 56g $\pm$ -8g |
| Expected Date of Delivery<br>(As per growth parameters) | 10.11.2021    |
| Expected Date of Delivery<br>(As per DLMP)              | 14.11.2021    |

- Liquor amnii adequate
- No obvious craniovertebral anomaly seen
- Stomach bubble seen
- Urinary bladder appears not distended
- Single live intrauterine fetus is seen
- Nuchal translucency is within normal limits (measures approx 1.8mm)
- Nasal bone (NB) is visualized and appears normal and measures 2.0mm. Both bones are well visualized in retro-Nasal triangle (RNT) view.
- Ductus venous show normal Doppler pattern. No significant deep a wave reversal of flow seen.
- Internal os is closed. Cervical canal length is adequate
- Cord insertion is normal (Central /paracentral)
- No obvious maternal adenexal mass or free pelvic fluid seen
- No tricuspid regurgitation seen
- Uterine Arteries Doppler :-

Uterine arteries on Doppler Examination the examination shows PI & RI within normal limits

- PI of right uterine artery 1.70
- PI of left uterine artery 1.65

The detection rates for chromosomal abnormalities with various screening tests follows

- 1st trimester NT scan only -75%
- 1st trimester combined test (NT scan + double marker test) -80 to 85%
- 1st trimester combined test with quadruple & genetic sonogram -90%
- NIPT (FETAL CELL FREE DNA)-99%
- Invasive testing (CVS/ AMNIOCENTESIS) which is a definitive test carries a procedure related risk of about 1:300.

*Note: Adv level-II anomaly scan at 18-20 weeks. Ultrasound is a study of images. Not all anomalies can be detected by ultrasound due to its known limitations. Detection rates vary by the type of anomaly woman's BMI and the position of foetus. Genetic studies and amniocentesis etc. a confirmatory tests.*

**Impression**

- Single live intrauterine fetus seen of about 12weeks 3days
- As per description  
(Advised level II anomaly scan and fetal-echocardiography to rule out any CMF at 18-20 week gestation, further invest and to be correlated clinically)

(I Dr Rajeev Kapoor while conducting Ultrasound on this patient I have neither detected nor disclosed the sex of the fetus to any body in any manner)

  
Dr. Rajeev Kapoor  
MBBS MD

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LMP - 7-02-2021

D.O.B - 30.12.1990

Weight - ~~55~~ 62kg

Height - 5 ft

Patient Name Mrs Neha Gupta  
Age/Sex 30yrs/Female  
Adv. by Dr Rekha Gupta  
Dated 01.05.2021

**INVESTIGATION ULTRASOUND**

Intrauterine pregnancy visualized with single foetus with normal foetal movements. (Vertex presentation present)

**PLACENTA**

Anterior upper segment grade II

**GROWTH PARAMETERS:-**

DLMP- 07.02.2021

|                     |                |
|---------------------|----------------|
| Biparietal diameter | 1.68cm         |
| Foetal age          | 12W 4 days+2w  |
| Femur Length        | 0.68cm         |
| Foetal age          | 12w 1days+2w   |
| AC                  | 5.60cm         |
| Foetal age          | 12w 3 days+2w  |
| HC                  | 6.52cm         |
| Foetal age          | 12w 4 days+2w  |
| Crown Rump Length   | 5.96cm         |
| Foetal age          | 12W 3day+2days |
| FL/BPD              | 40%            |
| FL/AC               | 12%            |
| HC/AC               | 1.16 %         |
| Mean Foetal Age     | 11W 6Day       |

P.T.O

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