



# MISHRA IMAGING CENTRE

Seeing you through good health

Name: Raj Kumari Chaurasiya	Age: 24/yrs	Sex: F
Date of examination: 2021/08/07	Refd. By: Dr. Jagat Prasad Deep	

## FIRST TRIMESTER OBSTETRIC SCAN

Technique: Transabdominal sonography of the pelvis was performed.

### Findings:

Single live intrauterine fetus is seen.

### Dating:

	Date	Details	Gest. age	EDD
LMP	2021/05/05	Cycle: regular	13w3d	2022/02/09
U/S	2021/08/07	Based on CRL	13w2d	2022/02/10

### GENERAL EVALUATION

- Fetal cardiac activity and movements: noted
- Placenta: anterior. Inferior edge of placenta is seen extending upto the internal OS. No subchorionic hematoma noted.
- Amniotic fluid: adequate

### FETAL BIOMETRY:

- CRL: 7cm 13w 2d (Hadlock)

### ANEUPLOIDY MARKERS:

- Nuchal translucency: 1.6mm (21%tile)
- Nasal bone: ossified, measures ~3.2mm
- Ductus venosus doppler: normal
- Tricuspid regurgitation: absent
- Fetal heart rate: 164bpm

### SCREENING FOR FOETAL STRUCTURAL ANOMALIES

- Calvarium normal.
- Both choroid plexus and midline falx identified.
- Four-chamber heart noted.
- Stomach bubble noted.
- Urinary bladder visualized.
- Three-vessel cord.
- All four limbs identified.
- Preliminary assessment of the foetal anatomy has not detected the presence of any major structural anomalies.



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## ANEUPLOIDY RISK ASSESSMENT

	Risk from history	Risk from history plus NT, FHR
Trisomy 21	1 in 909	1 in 3333
Trisomy 18	1 in 2500	1 in 10000
Trisomy 13	1 in 10000	1 in 10000

## PREECLAMPSIA RISK ASSESSMENT

Uterine artery:	Right-PI: 1.3	Left-PI: 1.3	Mean PI: 1.3
Mean arterial pressure: 83 mmHg			
Preeclampsia risk from history only: <37 weeks: 1 in 130			
Preeclampsia risk from history plus MAP / Uterine artery PI: < 37 weeks: 1 in 400			

### Maternal anatomy:

The myometrium has a normal echo pattern.  
Cervix (transabdominal): 4.4cm. Internal length is closed.  
Ovaries: Right: Normal; Left: Normal

**Impression:** - 1. Single live intrauterine fetus with GA corresponding to 13wks 2days  
2. No structural abnormality seen at present gestation  
3. First trimester sonographic trisomy markers negative  
4. Mean uterine arterial Pulsatility Index within normal limits for present gestation.  
**Suggested second trimester anomaly scan around 19-20weeks GA.**

### DISCLAIMER:

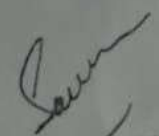
- Patients identity is based on her own declaration.
- This investigation has been done as per request of the referring doctor.
- In spite of utmost care taken, all measurements are subject to statistical variations.
- Diagnosis of ultrasonography is based on various echoes and shadows produced by both normal and abnormal tissues. Disparity in diagnosis can occur due to technical pitfalls like False Positive and False Negative results. In case of disparity between report and clinical evaluation and/or laboratory tests, second opinion is always advisable before commencing treatment.

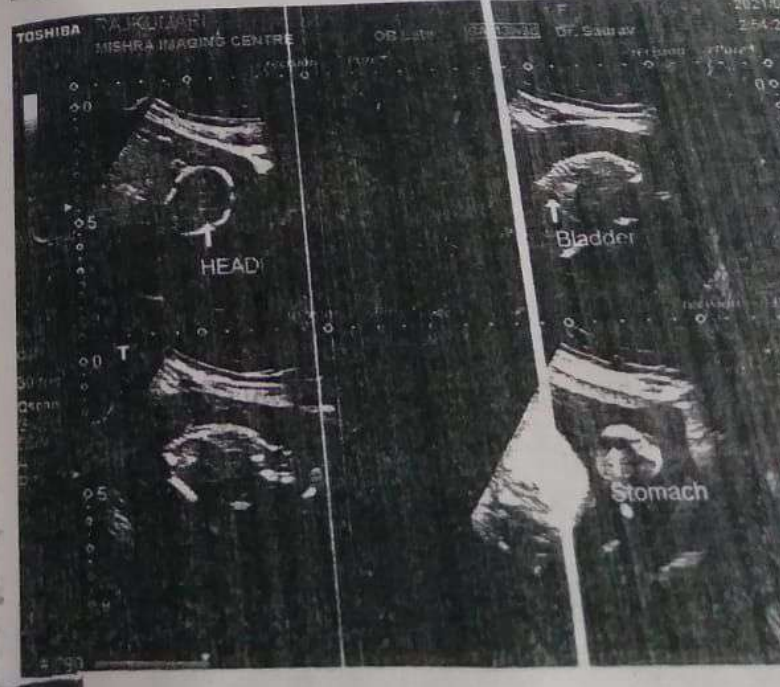
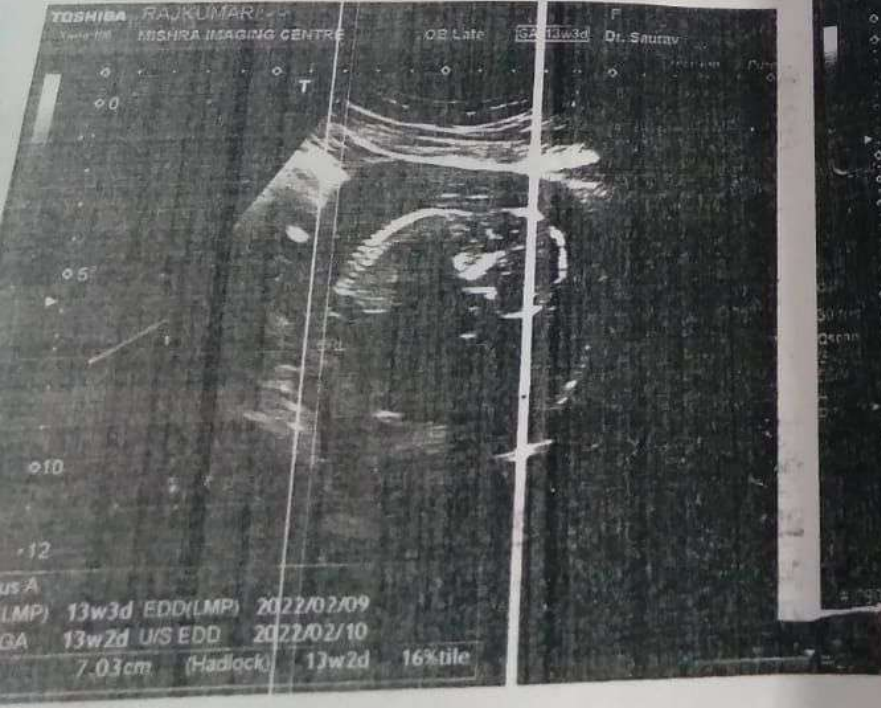
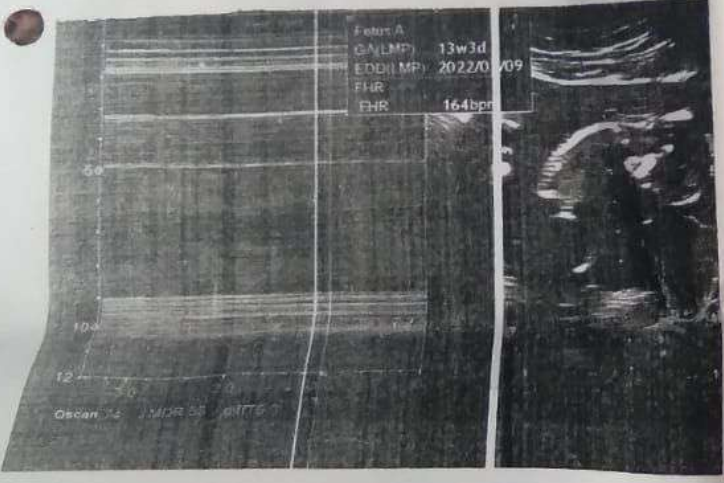
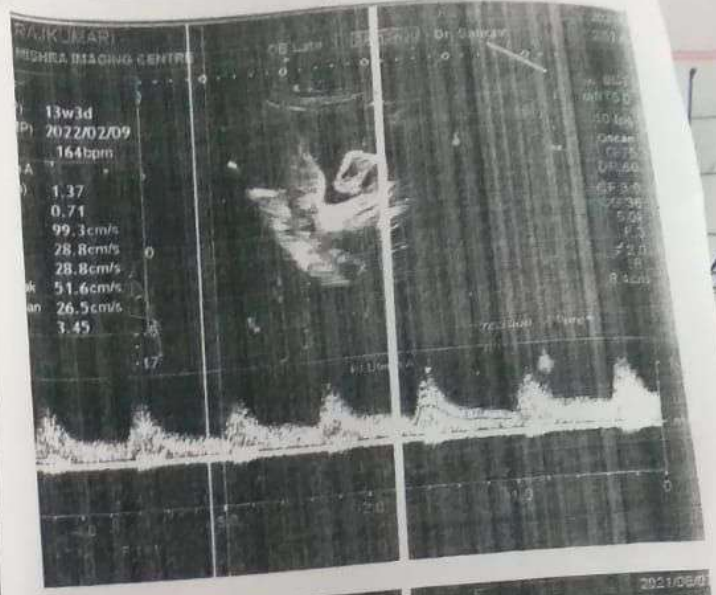
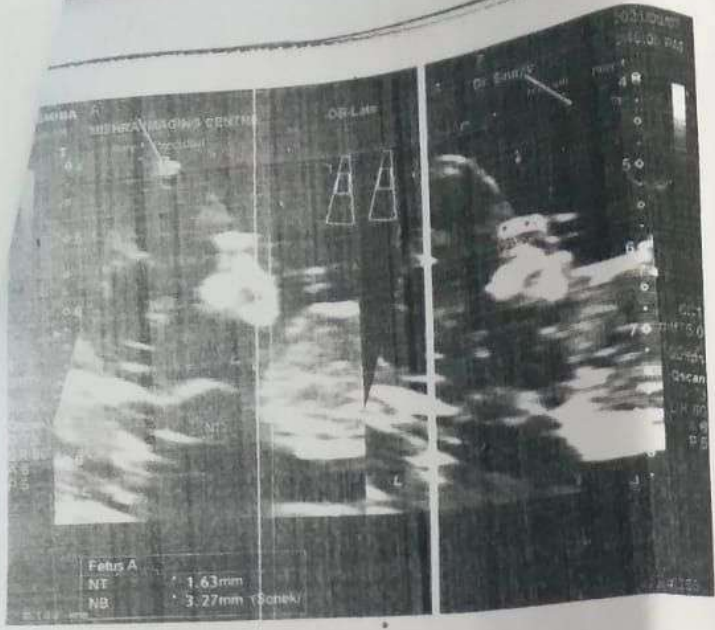


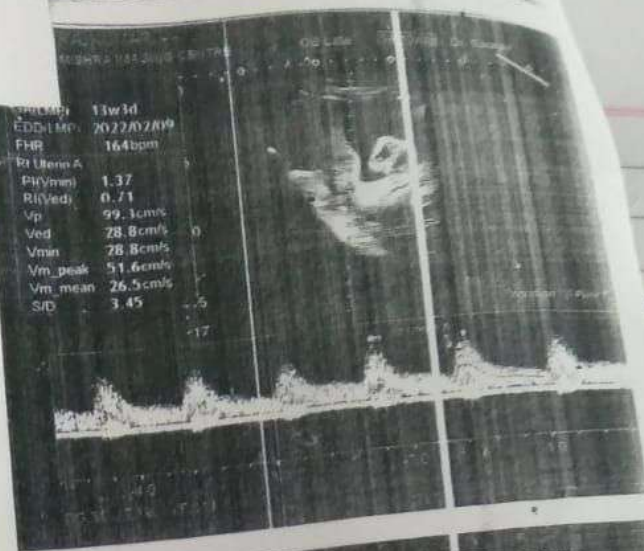
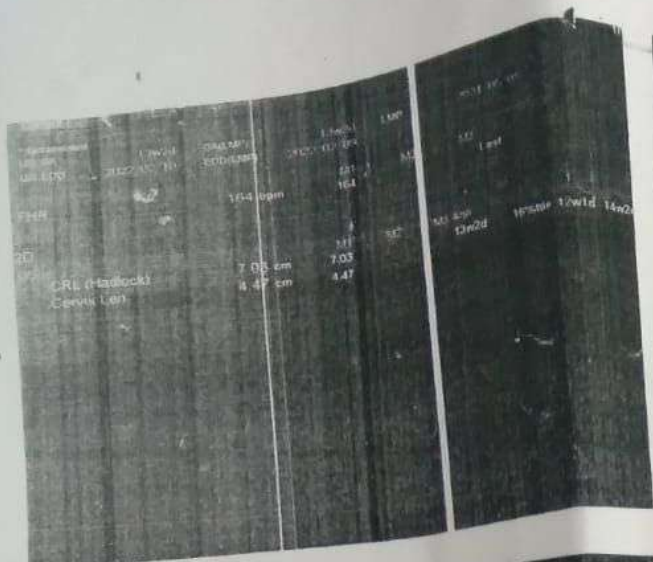
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- The following is the list of anomalies cannot be diagnosed at 11-13 weeks scan
  - Neural tube, brain, face – Hemivertebra, Microcephaly, Craniosynostosis, Agenesis of corpus callosum, Semilobar holoprosencephaly, Cerebellar hypoplasia, Vermian agenesis, Nasopharyngeal teratoma, Retrognathia
  - Lungs, Heart - Cystic adenomatoid malformation, Extralobar sequestration, Isolated VSD, Cardiac tumours.
  - Abdominal, Renal - Duodenal atresia, Bowel obstruction, Renal agenesis - Bilateral, unilateral, Multicystic kidneys, Hydronephrosis, Duplex kidneys, Bladder exstrophy.
  - Other – Arthrogyposis, Talipes, Ectrodactyly.
- Following are false positive structural anomaly findings in 11-13 weeks scan
  - Echogenic choroid plexus, Omphalocele, Discrepancy in size of great vessels, Megacystis, Intra-abdominal cyst, Cleft palate.
- To determine the risk of having a foetus with chromosomal abnormality (like Down's Syndrome, trisomy 18, trisomy 13) your clinician will combine the report of this test and serum biochemistry. In case of a positive result (showing an increased risk) you may have to undergo further diagnostic tests. It is important to note that a positive result in first trimester screening does not mean that your baby has a chromosomal anomaly and a negative or normal result (one that shows a decreased risk) does not mean that the baby will not have a chromosomal abnormality. Further investigations and follow up scans may be necessary to confirm a positive test result.

  
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140.4
2/m 137.0
1/m 141.0
1/f 136.6
137.0
139.8
139.3
142.0

