HEALTH QUEST
IMAGING & DIAGNOSTICS

Patient ID: E52157-24-07-24-39
Date 24-07-2024

First Trimester Ultrasound

Patient: **SUTHAR KANTILAL VEENA** DOB: 01-07-1998
Exam date: 24-07-2024

Method Transabdominal ultrasound examination. View: Sufficient

Pregnancy Singleton pregnancy. Number of fetuses: 1

Dating

	Date	Details	Gest. age	EDD
LMP	26-04-2024		12 w + 5 d	31-01-2025
U/S	24-07-2024	based upon CRL	13 w + 0 d	29-01-2025
Assigned dating	**based on the LMP**		**12 w + 5 d**	**31-01-2025**

General Evaluation
Cardiac activity present
Placenta: anterior
Cord vessels: normal
Amniotic fluid: normal amount

Fetal Biometry

FHR	159 bpm		Nasal bone	2.4 mm	
CRL	67.4 mm	64%	IT	1.2 mm	
NT	1.70 mm				

Maternal Doppler

Right uterine artery:

HR	78 bpm		ED	14.81 cm/s	
PI	1.64	53%	TAmax	29.87 cm/s	
RI	0.77		MD	13.71 cm/s	
PS	63.88 cm/s		S / D	4.31	

Left uterine artery:

HR	80 bpm		ED	15.20 cm/s	
PI	1.22	12%	TAmax	24.71 cm/s	
RI	0.66		MD	13.75 cm/s	
PS	45.25 cm/s		S / D	2.98	
Mean HR	79.00 bpm		**Mean PI**	1.43	29%

Impression: normal uteroplacental resistance

Maternal Structures
Cervix Cervical length 32.6 mm

Impression
*SINGLE LIVE INTRAUTERINE GESTATION
*GESTATIONAL AGE BY FETAL BIOMETRY: 12w 5d +/- 1 Week
*ASSIGNED EDD: 31-01-2025

*NUCHAL TRANSLUCENCY, NASAL BONE, TRICUSPID FLOW: WITHIN NORMAL LIMITS FOR GESTATION
*NO OBVIOUS SONOLOGICAL STRUCTURAL ABNORMALITIES DETECTED FOR THIS GESTATION
*ENDOCERVICAL LENGTH: 32.6 mm : NORMAL
*MEAN UTERINE ARTERY PI: 1.43 SCREEN NEGATIVE FOR PET

Health Quest Imaging and Diagnostics Pvt. Ltd.
Corporate Office: 222, Sector-51, Opp. Amity School, Near Ambedkar Chowk, Gurugram, Haryana -122 003
www.hqdiagnostic.com | reception@hqdiagnostic.com

COMMENTS:
I have explained to couple that this is low risk.

Couple understand that this is risk assessment only and chromosomal abnormalities cannot be diagnosed by ultrasound and or blood test on their own.

I have explained different screening tests, their detection rates and limitations of screening to couple.

The only way to know the chromosomal makeup of the fetus is by invasive tests, which would carry small risk of procedure related miscarriage.

Another option is Non invasive testing : NIPT (Non Invasive Prenatal Testing); performed by obtaining maternal blood. NIPT has a very high sensitivity and specificity (>99%) but still considered as screening test (i.e Positive test results need to be confirmed by invasive test; Negative test results means Down' s syndrome is extremely unlikely). No risk of miscarriage in NIPT but at present it is limited to only three common trisomies and few deletions. Test results would take 10 to 14 working days.

In view of low risk, I have not recommended further invasive test and couple also declined invasive test.
Couple agreed for double marker test.
We will review again once double marker test results are available for combined screening test results.

Please note:
Ultrasound scanning cannot detect all fetal abnormalities and genetic syndromes, especially so in this early gestation. Some abnormalities may evolve as gestation advances, and obviously those cannot be detected at current gestation.

Declaration:
I, Dr Manik declare that while conducting ultrasonography on Mrs.VEENA SUTHAR KANTILAL, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

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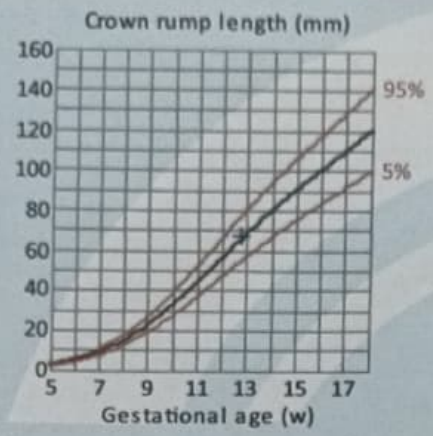

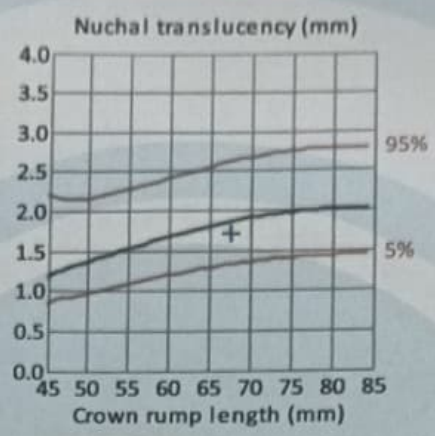

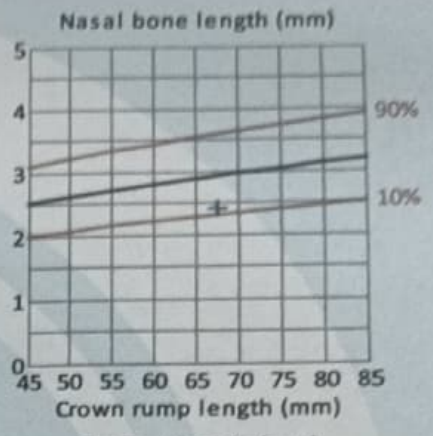

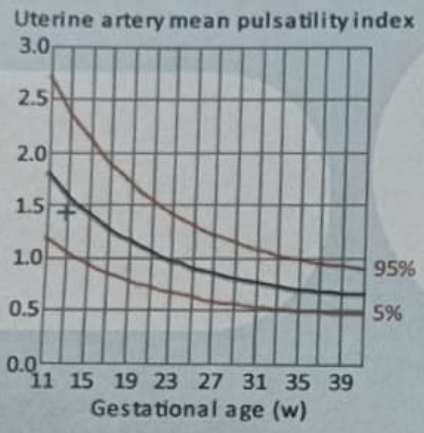

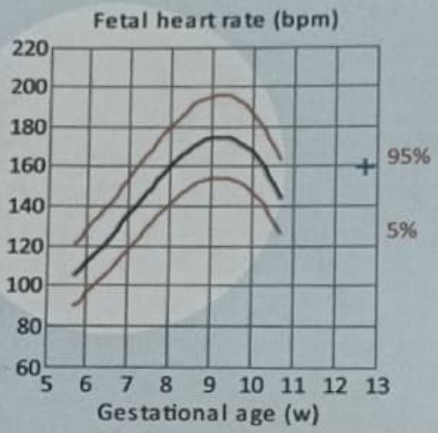

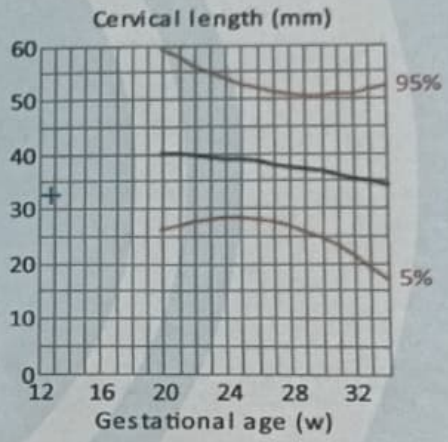

Dr. Ravinder Yadav
Consultant Radiologist
HMC-8429

Dr. Manik
Fellowship in Fetal Medicine
Consultant Radiologist & Fetal Medicine
HN 25193

Dr. MANIK
MBBS, MD Radio-Diagnosis
Fellowship in Fetal Medicine
Consultant Radiologist & Fetal Medicine
Reg. No. HN 25193