|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | Age /Sex |  Years/  |
| Patient ID  |  |  |  |
| Referred By |  |  |  |
| LMP Date  |  | Visiting Date  |  |

 **OB- First trimester Scan Report**

**Indication:**

Real time B-mode ultrasonography of gravid uterus done.

**Route:** Trans abdominal /TVS

**History: Blood Pressure:**

**EDD by LMP: EDD by USG: Fetal weight: +/- gms**

**Maternal survey:**

Cervix: cm in length, internal os is closed. No funneling is seen.

Maternal uterine artery PI: , Screen negative for PE.

**Fetal survey:**

No of fetuses:

Presentation:

Placenta:

Liquor:

Umbilical cord: Insertion - , Two arteries and one vein.

Fetal activity.

Cardiac activity.

Fetal heart rate:

**Fetal biometry:**

CRL:

BPD:

AC:

FL:

**Aneupoidy Markers:**

Nasal bone:

Nuchal translucency:

Ductus venosus:

Tricuspid regurgitation:

Heart rate:

**IMPRESSION:**

**ABNORMAL FINDINGS:**

The calculated risk for the aneuploidies is based on maternal age at the time of screening and ultrasound factors (fetal nuchal translucency, presence of nasal bone, fetal heart rate, ductus venosus, tricuspid regurgitation)

First trimester screening for Downs

Maternal age risk 1 in

|  |  |  |
| --- | --- | --- |
| **Fetus**  | **Risk estimate NT** | **Risk estimate NT+NB** |
|  |  |  |

Next visit-

**Please note:**

All abnormalities and genetic syndromes cannot be ruled out by ultrasound examination. Ultrasound examination has its own limitations. Some abnormalities evolve as the gestation advances. The detection rate of abnormality depends on gestational age of fetus, fetal position, tissue penetration of sound waves and patient body habitus.

Declaration:

I Dr Roopadevi Hosamani, declare that while conducting ultrasonography on this patient, I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

• SINGLE LIVE INTRAUTERINE GESTATION

• GESTATIONAL AGE BY FETAL BOMETRY : Weeks Days

• AGREED EDD (BY LMP):

• NT, NASAL BONE, DUCTUS VENOSUS FLOW AND TRICUSPID FLOW: WITHIN NORMAL LIMITS

• NO OBVIOUS SONOLOGICAL STRUCTURAL ABNORMLAITIES DETECTED FOR THIS GESTATION.

• PLACENTA:

• CERVICAL LENGTH: CM, INTERNAL OS IS CLOSED

• UTERINE ARTERY : SCREEN NEGATIVE FOR PREECLEMPSIA

TRISOMY 21 RISK HAS REDUCED FROM 1: (AGE) TO 1: (NB+NT+FHR)

Please note: This is a risk assessment only and chromosomal abnormalities can not be diagnosed by ultrasound and or blood test. The only way to know the chromosomal make up of the fetuses is by invasive tests.

Results from the NT screening test represents risk and not diagnostic outcome. Increased risk in screening test does not mean that the baby is affected and only warrants further tests for diagnosis. A low risk does not exclude the possibility of chromosomal abnormalities, as the risk does not detect all the affected pregnancies

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

**Dr.**

**MBBS .DMRD, DNB.**

 **Consultant radiologist**