

Dr. Pooja Shrivastava

MBBS

MS (Obstetrics & Gynaecology)

Reg No. MP-4298



- Ex. Resident Gynaecologist MY Hospital Indore.
- Trained in Obstetric Ultrasonography, Wadia Hospital Mumbai.
- Ex. Consultant Gynaecologist and Sonologist Urban RCH programme J P Hospital, Bhopal.

Obstetrician & Gynaecologist

Trained in : Gynaecological Endoscopy Laparoscopy & Hysteroscopy, Obstetric & Gynaecological Ultrasonography Laparoscopic Sterilization & Family Planning



LH-A-006429

Date : 26-Aug-2022

Name : MRS. AANCHAL SINGH

Age/Sex : 30 Years / Female

Address : E 8/13 Sahakar Nagar Trilanga

Mobile No.: 7827726845

R
 0 TDS Ecospin 25 mg 150
 w TDS Doknate plus 200
 1/2 TDS Neomugaz 60 mg 100
 Dr. Aanchal Singh Bhopal 50 mg 100
 Danube Nagar
 Sahakar Nagar
 152

BP - 119/76
 Pulse - 93/M
 SP_O2 - 98%
 Wt. 79 Kg.
 Temp. 97.5°F

Sun
 Sun
 Sun
 Sun

Sun
 Sun

Sun

In Emergency Call : 9425005377

Sunday - By prior Appointment only

Email id : poojadr2003@gmail.com

LOTUS HOSPITAL

M-351, Rajharsh Colony, Nayapura, Kolar main road, Bhopal
Ph.: 0755-4093322, 2410500, 6262093322

BHOPAL CITY CLINIC

3559, Opp. Govt. PHC, Misrod Main Road, Bhopal
Ph.: 0755-4093322, 6262093322



Lotus Hospital

Signature

PATIENT'S NAME : MRS. AANCHAL SINGH

AGE/SEX : 30 Y/F

REF. BY : DR. POOJA SHRIVASTAVA (MBBS, MS)

DATE : 25.08.2022

OBSTETRIC USG (EARLY ANOMALY SCAN) WITH PRE-ECLAMPSIA SCREENING

LMP: 25.05.2022

GA (LMP) : 13wk 1d

EDD : 01.03.2023

- Single live fetus seen in the intrauterine cavity in variable presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 167 beats /min.
- PLACENTA: is grade I, posterior with lower edge just reaching upto internal os.
- LIQUOR: is adequate for the period of gestation.

Fetal morphology for gestation appears normal.

- Cranial ossification appears normal. Midline falx is seen. Choroid plexuses are seen filling the lateral ventricles. No posterior fossa mass seen. Spine is seen as two lines. Overlying skin appears intact.
- No intrathoracic mass seen. No TR .
- Stomach bubble is seen. Bilateral renal shadows is seen. Anterior abdominal wall appears intact.
- Urinary bladder is seen, appears normal. 3 vessel cord is seen.
- All four limbs with movement are seen. Nasal bone well seen & appears normal. Nuchal translucency measures 2.0 mm (WNL).
- Ductus venosus shows normal spectrum with positive "a" wave (PI ~ 1.11) .

FETAL GROWTH PARAMETERS

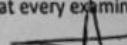
■ CRL	64.7	mm	~	12	wks	6	days of gestation.
■	Estimated gestational age is 12 weeks 6 days (+/- 1 week). EDD by USG : 03.03.2023						
■	Internal os closed. Cervical length is WNL (30.4 mm).						
■	Baseline screening of both uterine arteries was done & reveals mean PI of ~ 3.31 (high for gestation), suggests increased chances of PIH / Pre-eclampsia .						

IMPRESSION:

- Single, live, intrauterine fetus of 12 weeks 6 days +/- 1 week.
- Gross fetal morphology is within normal limits.
- Low lying placenta with lower edge just reaching upto internal os.

Follow up at 19-20 weeks for target scan for detailed fetal anomaly screening.

Declaration : I have neither detected nor disclosed the sex of the fetus to pregnant woman or to anybody. (It must be noted that detailed fetal anatomy may not always be visible due to technical difficulties related to fetal position, amniotic fluid volume, fetal movements, maternal abdominal wall thickness & tissue ecogenicity. Therefore all fetal anomalies may not be detected at every examination. Patient has been counselled about the capabilities & limitations of this examination.)


(DR. ANKITA VIJAYVARGIYA)

First Trimester Screening Report

Singh Aanchal

Date of birth : 02 May 1991, Examination date: 25 August 2022

Address: hno.- E-8/13 , shekhar nagar ,
trillanga
Bhopal
INDIA

Referring doctor: DR. (MS) POOJA SHRIVASTAVA

Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 0.

Maternal weight: 78.0 kg; Height: 165.1 cm.

Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: dont know; Antiphospholipid syndrome: dont know; Patient's mother had preeclampsia: no.

Method of conception: Spontaneous;

Last period: 25 May 2022

EDD by dates: 01 March 2023

First Trimester Ultrasound:

US machine: voluson S8. Visualisation: good.

Gestational age: 13 weeks + 1 days from dates

EDD by scan: 01 March 2023

Findings	Alive fetus	
Fetal heart activity	visualised	
Fetal heart rate	167 bpm	—+•—
Crown-rump length (CRL)	64.7 mm	—•—
Nuchal translucency (NT)	2.0 mm	—
Ductus Venosus PI	1.110	—+•—
Placenta	posterior low	
Amniotic fluid	normal	
Cord	3 vessels	

Chromosomal markers:

Nasal bone: present; Tricuspid Doppler: normal.

Fetal anatomy:

Skull/brain: appears normal; Spine: appears normal; Heart: No TR.; Abdominal wall: appears normal; Stomach: visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible.

Uterine artery PI:	3.31	equivalent to 2.130 MoM
Mean Arterial Pressure:	95.1 mmHg	equivalent to 1.080 MoM
Endocervical length:	30.4 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 546	1: 10920
Trisomy 18	1: 1339	<1: 20000
Trisomy 13	1: 4198	<1: 20000
Preeclampsia before 34 weeks		1: 10

First Trimester Screening Report

Preeclampsia before 37 weeks

1: 5

Preeclampsia before 42 weeks

>1: 4

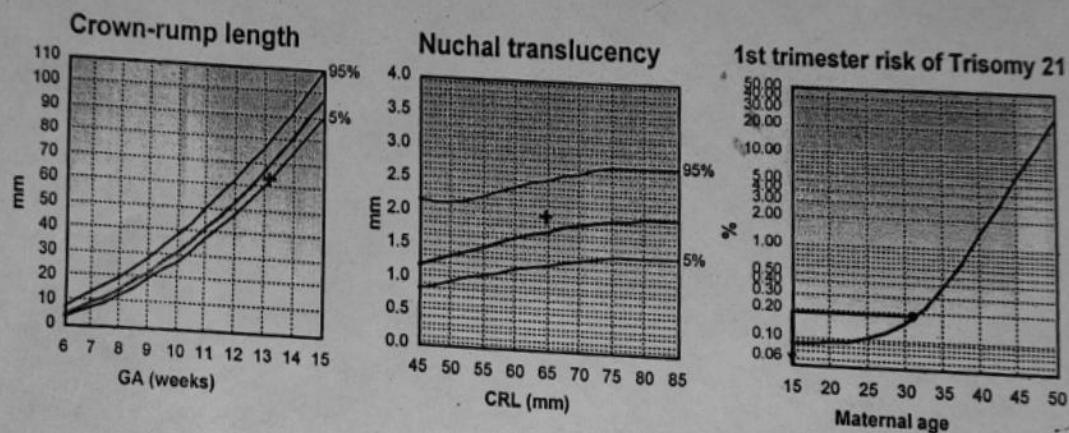
Fetal growth restriction before 37 weeks

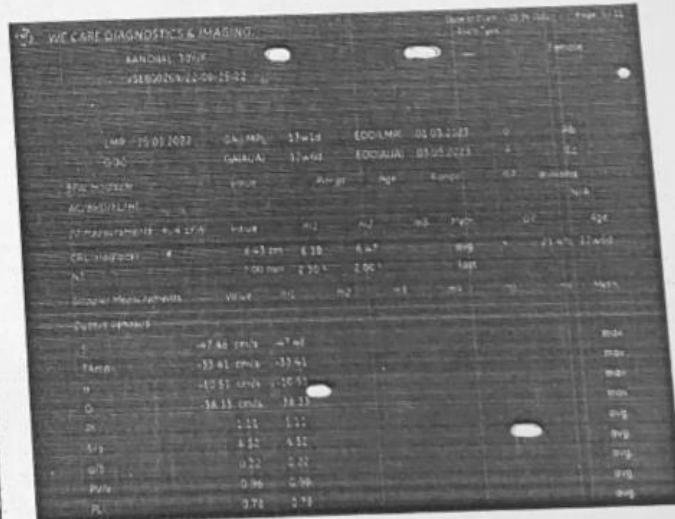
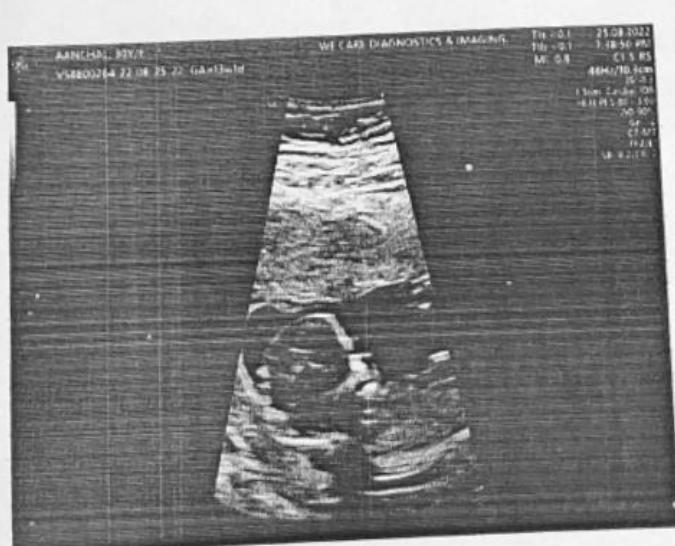
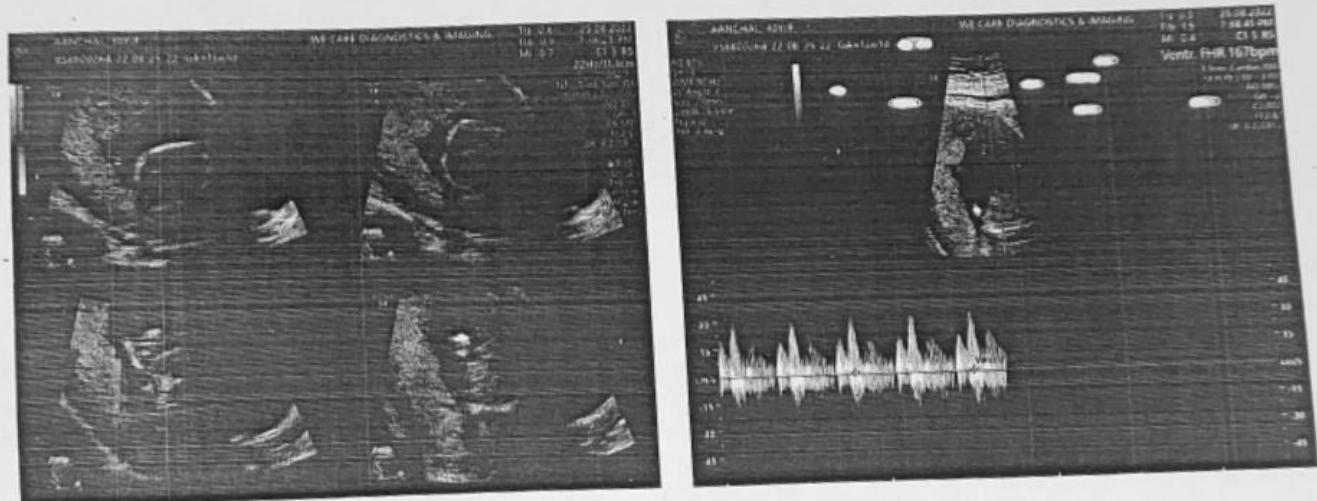
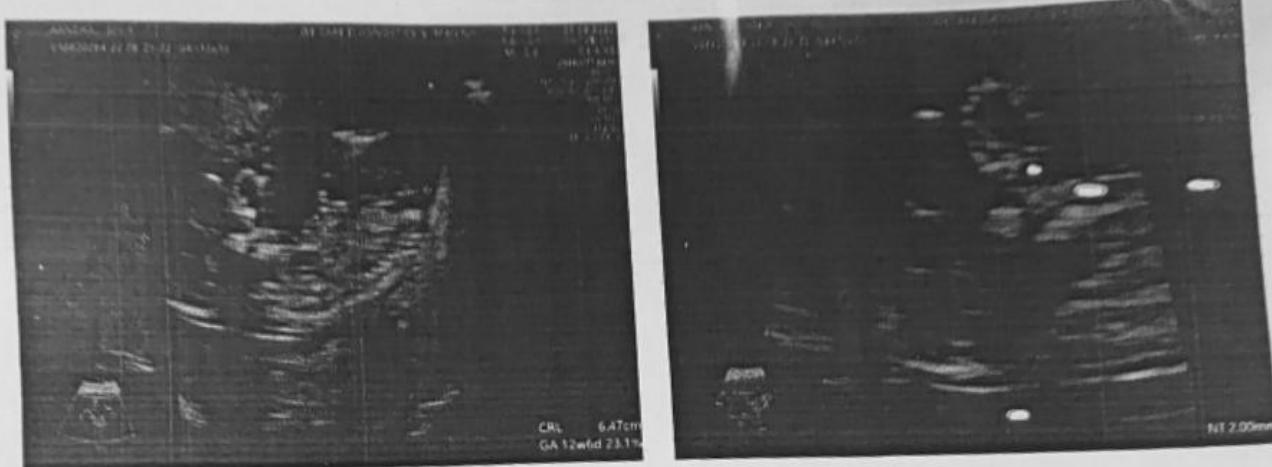
1: 20

The background risk for aneuploidies is based on maternal age (31 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (fetal nuchal translucency thickness, nasal bone, tricuspid Doppler, ductus venosus Doppler, fetal heart rate).

Risks for preeclampsia and fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history, uterine artery Doppler and mean arterial pressure (MAP). The adjusted risk for PE < 34 weeks or the adjusted risk for FGR < 37 weeks is in the top 10% of the population. The patient may benefit from the prophylactic use of aspirin. All biophysical markers are corrected as necessary according to several maternal characteristics including racial origin, weight, height, smoking, method of conception and parity.

The estimated risk is calculated by the FMF-2012 software (version 2.81) and is based on findings from extensive research coordinated by the Fetal Medicine Foundation (UK Registered charity 1037116). The risk is only valid if the ultrasound scan was performed by a sonographer who has been accredited by the Fetal Medicine Foundation and has submitted results for regular audit (see www.fetalmedicine.com).





ID: VS8800264-22-08-25-22

AANCHAL, 30Y/F

