



త్రివేణి హాస్పిటల్ TRIVENI HOSPITAL



గ్రీన్లాండ్ హాస్పిటల్ గేటు ఎదురుగా, డాక్టర్స్ కాలనీ, నల్లగొండ.

Dr. G. TRIVENI

M.B.B.S., M.S.(Obgy.)

Obstetrician & Gynaecologist

Infertility Specialist

Regd. No. 52814

సంప్రదించు వేళలు :

ప్రతిరోజు ఉ. గం. 10-00 నుండి రాత్రి గం. 7-00 వరకు
ఆదివారం ఉ. గం. 10-00 నుండి మ. గం. 2-00 వరకు

Cell: 7569550452, 6302900950

Barcode: 23287338

డా॥ జి. త్రివేణి

M.B.B.S., M.S.(Obgy.)

ప్రసూతి మరియు స్త్రీల వ్యాధి నిపుణులు

Regd. No. 52814

Pt.'s Name Mr. Keerthi w/o saidabu Vill. nalgonda Age 27 Sex F

GPLAD

E 4MA E 3u

Date: 17/09/20

Valid Upto: 01/10/22

Wt : 70.1kg

Temp : 98°F

PR : 92b

BP : 100/70 mmHg

Heart : S1S2

Lungs : NAD

Cl 0 Nausea

0 1 EUCitases

Alus

PIA ut present per
rule

Pre ut bulky

LMP :

EDD :

S.EDD :

ML :

Consanguinity Yes/No.

Menstrual Periods :

Reg/Irregular

DOB: 20/04/1993

LMP: 03/06/2022

T. Ecolpensis 150mg

15d

T. Hapigut 5R

200

1-15d

1. T. Pan-D
1-15d

2. T. Feline
1-15d

3. T. Shalca
1-15d

4. PC Prost Prost
200

First Trimester Screening Report

Kalpana Fetal Medicine and Scan Center

Protecting the Precious...

MRS KEERTHI

Date of birth : 20 April 1993, Examination date: 17 September 2022

Address: NALGONDA

Hospital no.: KFC6034

Mobile phone: 8317519544

Referring doctor: TRIVENI

Maternal / Pregnancy Characteristics:

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

Parity: 0.

Maternal weight: 69.0 kg; Height: 152.0 cm.

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

Method of conception: Spontaneous;

Last period: 06 June 2022

EDD by dates: 13 March 2023

First Trimester Ultrasound:

US machine: E 6. Visualisation: good.

Gestational age: 12 weeks + 4 days from CRL

EDD by scan: 28 March 2023

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	166 bpm
Crown-rump length (CRL)	62.0 mm
Nuchal translucency (NT)	1.2 mm
Biparietal diameter (BPD)	22.0 mm
Ductus Venosus PI	1.000
Placenta	anterior low

Chromosomal markers:

Nasal bone: present; Tricuspid Doppler: normal.

Fetal anatomy:

Skull/brain: appears normal; Spine: appears normal; Heart: Appears normal; Abdominal wall: appears normal; Stomach: visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible.

Uterine artery PI: 2.05 equivalent to 1.280 MoM

Endocervical length: 32.0 mm

Risks / Counselling:

Patient counselled and consent given.

Operator: Lekkala Kalpana, FMF Id: 173593

Condition	Background risk	Adjusted risk
Trisomy 21	1: 695	1: 11262
Trisomy 18	1: 1683	1: 8338
Trisomy 13	1: 5284	1: 20000
Preeclampsia before 34 weeks		1: 97
Fetal growth restriction before 37 weeks		1: 94

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8-2-39, బస్టాండ్ రోడ్, గ్రీన్లాండ్ హాస్పిటల్ బల్డింగ్, డాక్టర్స్ కాలనీ, నల్గొండ, తెలంగాణ, ఇండియా-508001

For Appointment : ☎ +91 8522 856 854 | +91 9704 234 016

Trimester Screening Report Kalpana Fetal Medicine and Scan Center

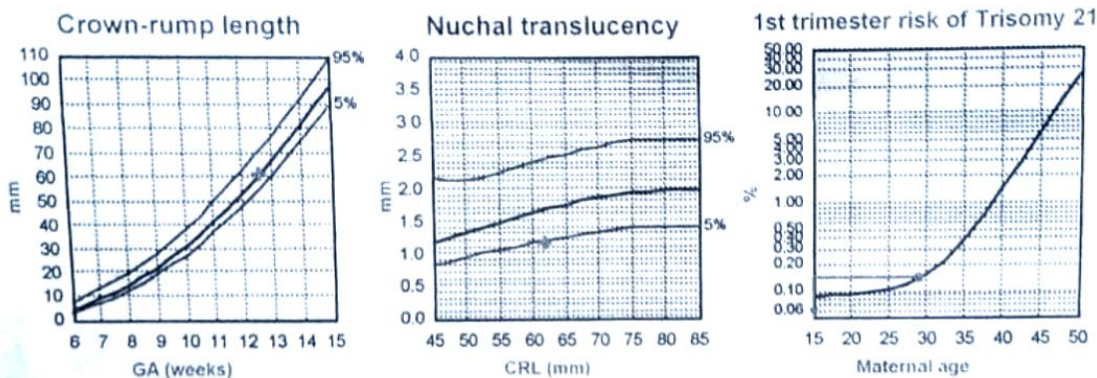
Protecting the Precious...

The background risk for aneuploidies is based on maternal age (29 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, fetal heart rate).

Risks for preeclampsia and fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history and uterine artery Doppler. 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).



Comments

Single live intra uterine fetus corresponding to 12 weeks 4 days.

Down syndrome screen negative based on NT scan.

Uterine doppler shows high resistance flow. Suggested to Tab Asprin upto 36 weeks.

Suggested **DOUBLE MARKER**.

Suggested **TIFFA SCAN** at 19 to 20 weeks. (

I, Dr. L. Kalpana Reddy, declared that while conducting ultrasonography / imaging scanning on Mrs., I have neither detected nor disclosed the sex of fetus to any body in any manner.

DR. L. KALPANA REDDY
FETAL MEDICINE CONSULTANT

KALPANA FETAL MEDICINE &
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Opp: Govt. Medical College, NALGONDA
194/PG&PNDT/NLG/2020

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