

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.

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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

Kalpana Fetal Medicine and Scan Center

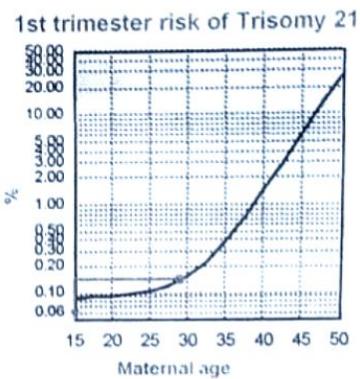
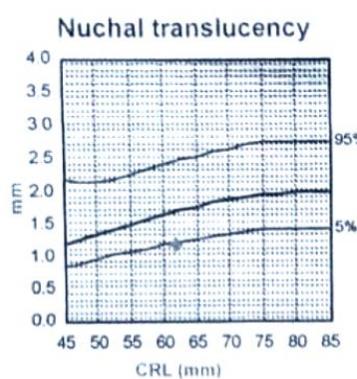
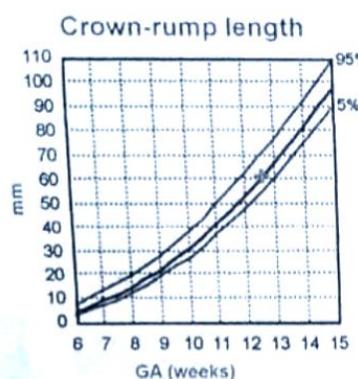
Protecting the Precious...

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.

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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 &
SCAN CENTER**
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194/PC & PNNDT/NLG/2020

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8-2-39, బసాండ్ రోడ్, గ్రీన్లాండ్ పస్సిట్ల్ ఎర్రింగ్, డాక్టర్ కాల్స్, నల్గొండ, తెలంగాణ, ఇండియా-508001

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