



అవేణి 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 ఉా గం. 10-00 నుండి రాత్రి గం. 7-00 వరకు
ఆదివారం ఉా గం. 10-00 నుండి మూ గం. 2-00 వరకు

Cell: 7569550452, 6302900950

23287767

డా॥ జి. త్రివేణి

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

ప్రసూతి మరియు స్త్రీల వ్యాధి నిపుణులు

Regd. No. 52814

Pt.'s Name Mrs. Beetha W. Shiva Vill. Chillegala Age 28 Sex F

G P L A D

C 5 M A

Date : 10/10/22

Wt : 58 Kgs

PFM

Valid Upto 24/10/22

np : 94.5 F

PR : 82 amb

01 E AC Fan

BP : 100/40 mm/Hg

Afebr

Heart : S1 S2

PR 80

Lungs : clear

LMP : NK

EDD :

S.EDD : 3/3/23

ML :

Consanguinity Yes/No.

Menstrual Periods :

Reg/Irregular

DOB : 10/02/1993

LMP : 27/05/2022

Adv

Quadruple
marker

2400 mls

PIA Wt 16-18 cm

FPE

ellu

1. T. Pan - 15d

2. T. Shalad + 15d

3. T. Fennix 100

4. PIP test powder
100

5. Syp. Chlorzoxazone
100

Kalpana Fetal Medicine and Scan Center

Protecting the Precious

Parent name	Mrs PREETHI	Age/Sex	21 Years / Female
Patient ID	KFC6152	Visit No	1
Referred by	Dr TRIVENI	Visit Date	10/10/2022
LMP Date	27/05/2022 LMP EDD: 03/03/2023[19W 3D]		

OB - 2/3 Trimester Scan Report

Indication(s)

TIFFA SCAN

Real time B-mode ultrasonography of gravid uterus done

Route Transabdominal and Transvaginal

Single intrauterine gestation

Maternal

Cervix measured 3.50 cms in length

Right uterine PI 0.6

Left uterine PI 1

Mean PI 0.80

Fetus

Survey

Presentation - VARIABLE

Placenta - Anterior

Liquor - Normal

Single deepest pocket = 5

Umbilical cord - Two arteries and one vein

Fetal activity present

Cardiac activity present

Fetal heart rate - 156 bpm

Biometry (Mediscan)

BPD 48 mm 20W 3D	HC 174 mm 20W	AC 135 mm 19W	FL-Rt 29 mm 18W 6D	EFW BPD,HC,AC,FL 273 grams
5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%

Humerus 28.1 mm

Cephalic index - 76 Range 75-85%

TCD 21 mm

Kalpana Fetal Medicine and Scan Center

Protecting the Precious...

10/10/2022 / 10/10/2022 / Visit No 1

Maternal History

Gestational Age: 34 weeks

Estimated fetal weight according to BPD, AC: 314 +/- 31.4 FL, AC: 264 +/- 26.4 gms.

Fetal Assessment

Head

Left lateral ventricle measured 6.9 mm

Right lateral ventricle measured 3.8 mm

Transtracheal tube seen

Both lateral ventricles appeared normal

Posterior fossa appeared normal

No identifiable intracranial lesion seen

Neck

Fetal neck appeared normal

Spine

Entire spine visualised in longitudinal and transverse axis.

Vertebrae and spinal canal appeared normal

Face

Fetal face seen in the coronal and profile views.

Eyes, orbits, nose and mouth appeared normal

Thorax

Both lungs seen

No evidence of pleural or pericardial effusion

No evidence of SOL in the thorax

Heart

Heart appears in the mid position

Normal cardiac situs. Four chamber view normal

Outflow tracts appeared normal

Abdomen

Abdominal situs appeared normal

Stomach and bowel appeared normal

Normal bowel pattern appropriate for the gestation seen

No evidence of ascites

Abdominal wall intact

Kidney

Right and Left kidneys appeared normal

Bladder appeared normal

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Protecting the Precious...

PREETHI / KFC6152 / 10/10/2022 / Visit No 1

Limbs
All fetal long bones visualized and appear normal for the period of gestation.
Both feet appeared normal
Fetal doppler
Umbilical Artery PI : 1.2

Impression

Single gestation corresponding to a gestational age of 19 Weeks 3 Days

Gestational age assigned as per LMP

Placenta - Anterior

Presentation - VARIABLE

Liquor - Normal

Estimated fetal weight according to BPD, AC :- 314 +/- 31.4 FL, AC :- 264 +/- 26.4 BPD, HC, AC, FL :- 273 +/- 27.3 gms.

Right sided CP cyst measuring - 22 X 28 mm

I have explained to the couple that CPCs are NOT brain defects and will not cause mental handicap. In majority of the cases, this is benign and transient. It is a marker for Trisomy 18 (Edward's Syndrome). However, in this chromosomal abnormalities, there are many associated fetal defects and fetal growth restriction. In the absence of these, the risk for Edward's Syndrome for this baby is very small.
The definitive test to assess fetal chromosomes is only by invasive testing, which carries a procedure related risk of miscarriage of about 1:300.

Suggested QUADRUPLE MARKER.

Suggested GROWTH SCAN at 28 to 30 weeks.

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

Dr. L KALPANA REDDY MBBS DNB (OBG) FMF (UK)
FETAL MEDICINE CONSULTANT

KALPANA FETAL MEDICINE &
SCAN CENTER

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194/PC&PNDT/NLG/2020

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8-2-71/1/ఎ, గ్రీన్ లాండ్ హాస్పిటల్ ఎదురుగా, డాక్టర్స్ కాలనీ, నల్లగొండ - 508 001. తెలంగాణ
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