डॉ. अंकिता विजयवर्गीय
एम. बी. बी. एस., डी. एम. आर. डी
एम. आर. आई. फैलोशिप :
नानावटी हॉस्पिटल, मुंबई
हिंदुजा हॉस्पिटल, मुंबई
पूर्व रेडियोलाजिस्ट :
फोर्टिस हॉस्पिटल, नोएडा
जी. टी . बी. हॉस्पिटल, दिल्ली
रीजेंसी हॉस्पिटल लिमिटेड, कानपुर
जवाहर लाल नेहरू कैंसर हॉस्पिटल, भोपाल

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MRI FELLOWSHIPS :
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- HINDUJA HOSPITAL, MUMBAI

FMF Certified from
Fetal Medicine Foundation
Reg. No. MP-8932

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- FORTIS HOSPITAL, NOIDA
- G.T.B HOSPITAL, DELHI
- REGENCY HOSPITAL LTD, KANPUR
- JAWAHAR LAL NEHRU CANCER HOSPITAL, BHOPAL

PATIENT'S NAME : MRS. SONU SINGH

AGE/SEX : 26Y/F

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

DATE : 14.10.2022

OBSTETRIC USG (EARLY ANOMALY SCAN)

LMP: 13.07.2022 GA(LMP): 13 wk 2 d EDD : 19.04.2023

- **Single live fetus** seen in the intrauterine cavity in **variable** presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 176 beats /min.
- PLACENTA: is **grade I, high posterior & not low lying.**
- 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. 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 transluscency measures 1.9 mm (WNL).**
- **Ductus venosus shows normal flow & spectrum with positive "a" wave (PI ~ 0.59)**

FETAL GROWTH PARAMETERS

• CRL	60.4	mm	~	12	wks	4 days of gestation.

- Estimated gestational age is **12 weeks 4 days** (+/- 1 week). **EDD by USG** : 24.04.2023
- Internal os closed. Cervical length is WNL (38.0 mm).
- ***Baseline screening of both uterine arteries was done with mean PI ~ 1.69 (WNL for gestation)***

IMPRESSION:

- **Single, live, intrauterine fetus of 12 weeks 4 days +/- 1 week.**
- **Gross fetal morphology is within normal limits.**

Follow up at 19-22 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 councelled about the capabilities & limitations of this examination.)

(DR. ANKITA VIJAYVARGIYA)

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Mob.:9648844111, 7379330099

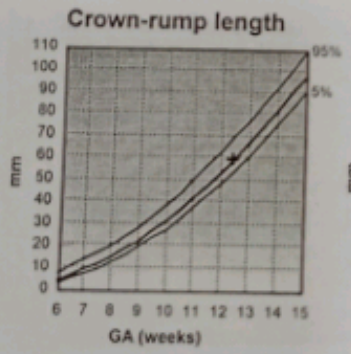
First Trimester Screening Report

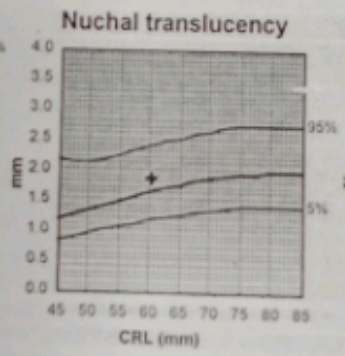
Trisomy 13	1: 6397	1: 11143
Preeclampsia before 34 weeks		**1: 25**
Fetal growth restriction before 37 weeks		**1: 45**

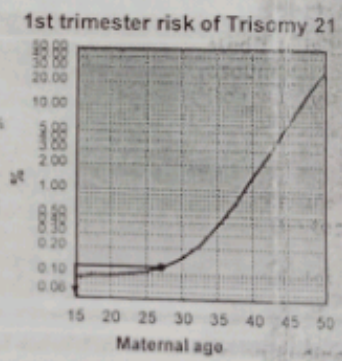
The background risk for aneuploidies is based on maternal age (27 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (fetal nuchal translucency thickness, nasal bone, tricuspid Doppler, ductus venosus Doppler, fetal heart rate).

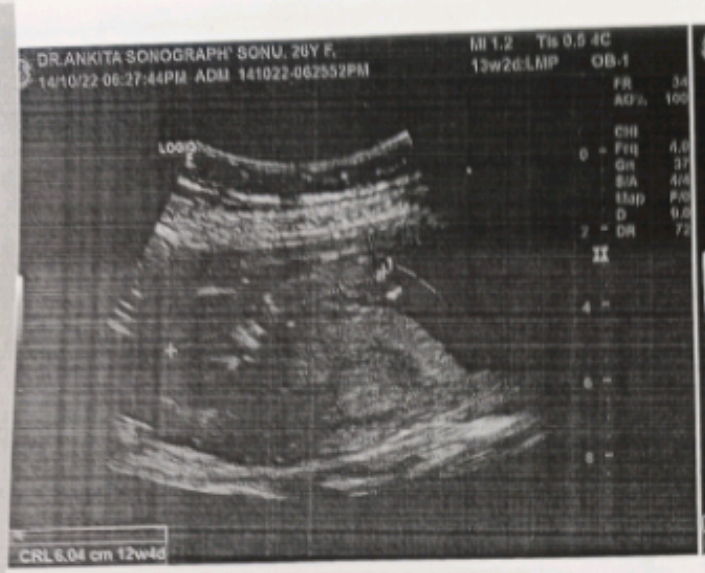
Risks for preeclampsia and fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history, uterine artery Doppler and mean arterial pressure (MAP). The adjusted risk for PE < 34 weeks or the adjusted risk for FGR < 37 weeks is in the top 10% of the population. 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).





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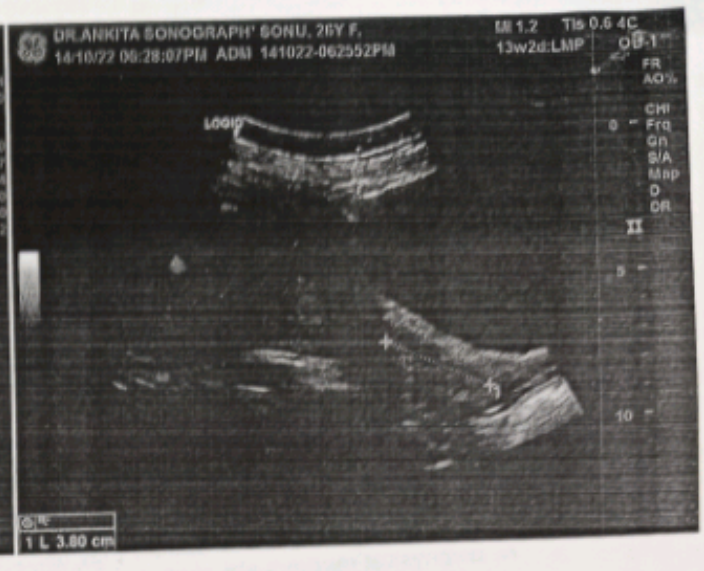
13w2d:LMP OB-1
CRL 6.04 cm 12w4d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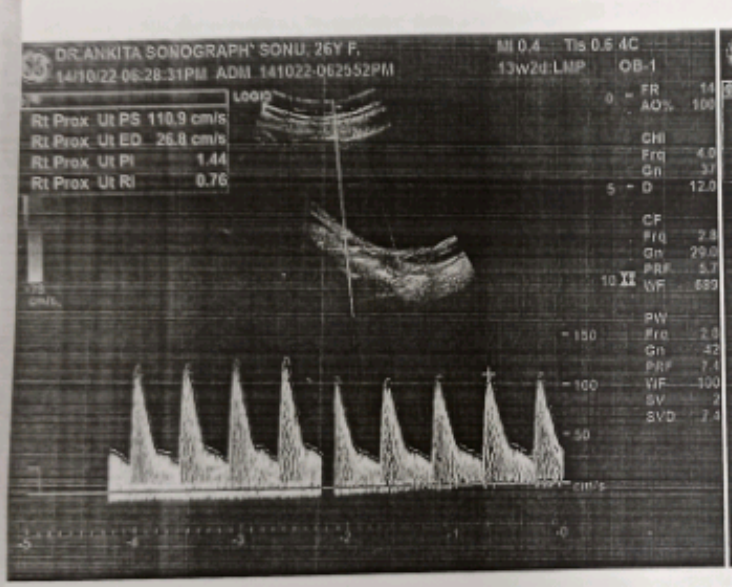
1 L 3.80 cm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14/10/22 06:28:31PM ADM 141022-062552PM
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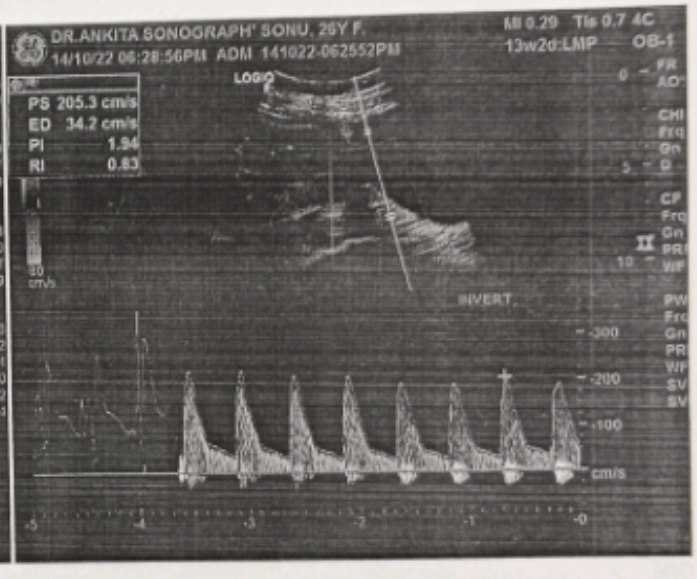
Rt Prox Ut ED 26.8 cm/s
Rt Prox Ut PI 1.44
Rt Prox Ut RI 0.76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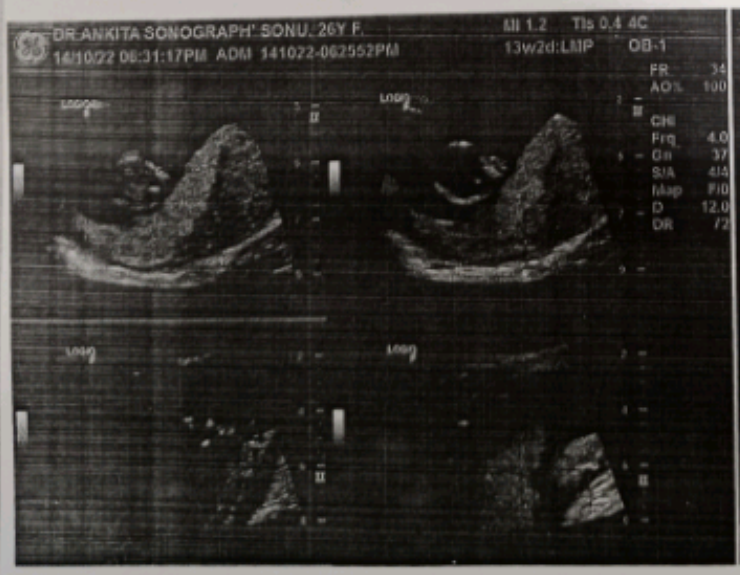
ED 34.2 cm/s
PI 1.94
RI 0.83
INVERT.
cm/s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MI 1.2 TIs 0.4 4C
13w2d:LMP OB-1


DR.ANKITA SONOGRAPH' SONU, 26Y F.
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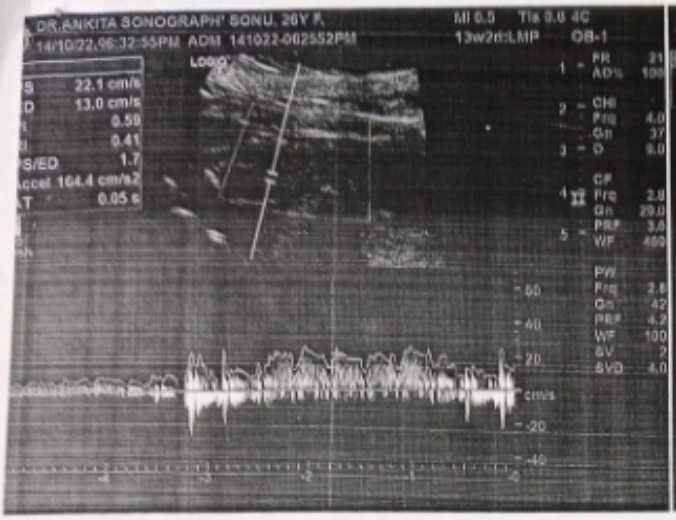
13w2d:LMP
1 NT 0.19 cm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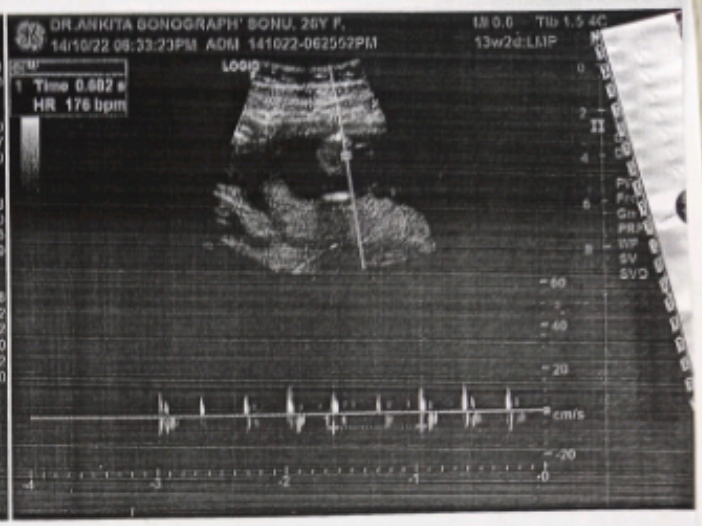
MI 0.5 TIs 0.6 4C
13w2d:LMP OB-1
LOGIQ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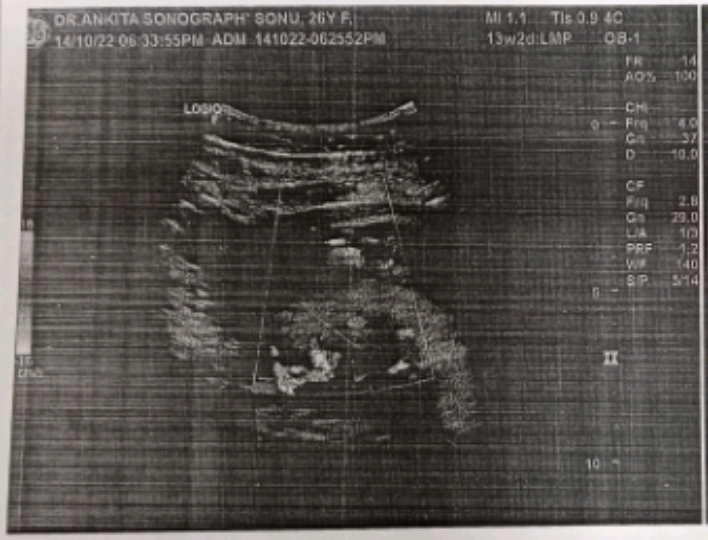
13w2d:LMP
LOGIQ
Time 0.682 s
HR 176 bpm
cm/s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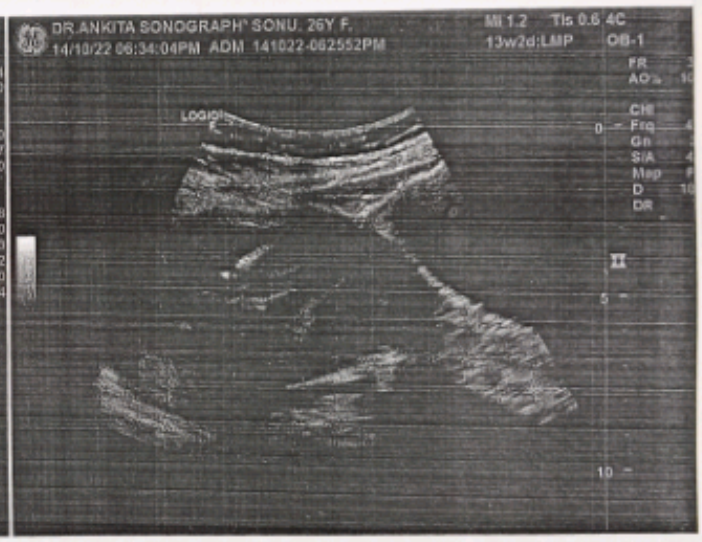
MI 1.1 TIs 0.9 4C
13w2d:LMP OB-1
LOGIQ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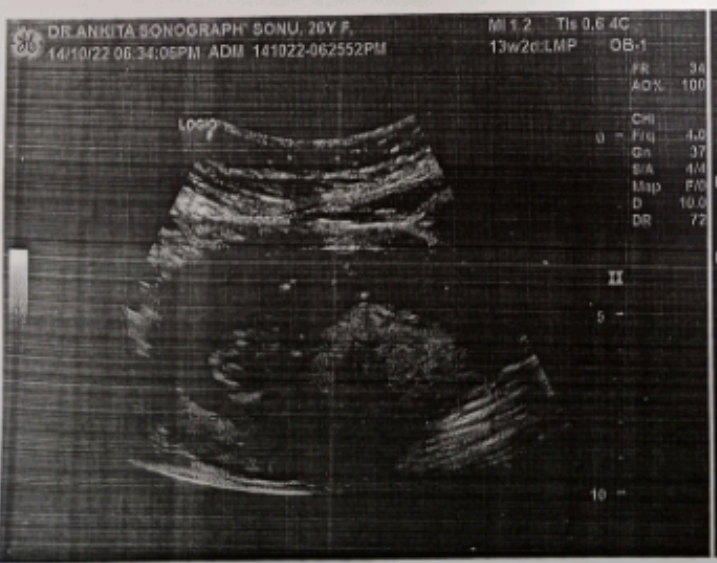
13w2d:LMP OB-1
LOGIQ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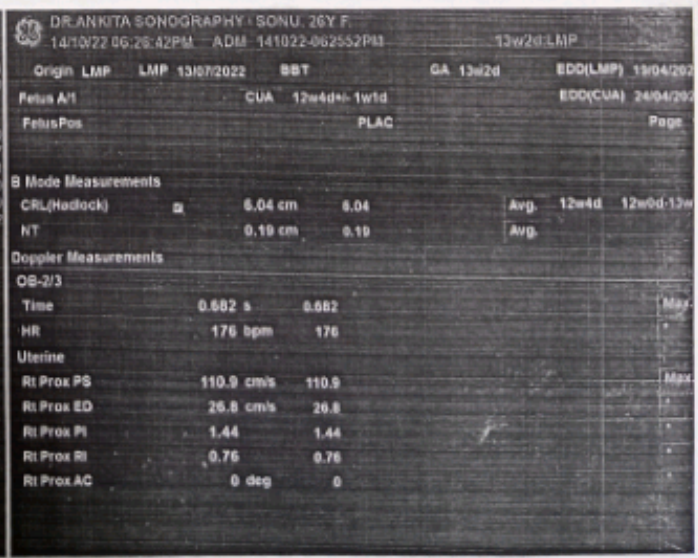
LOGIQ


DR.ANKITA SONOGRAPHY - SONU, 26Y F,
14/10/22 06:26:42PM ADM 141022-062552PM
13w2d:LMP
Origin LMP LMP 13/07/2022 SBT GA 13w2d EDD(LMP) 19/04/202
Fetus A/1 CUA 12w4d+/- 1w1d EDD(CUA) 24/04/202
FetusPos PLAC Page
B Mode Measurements
CRL(Hadlock) 6.04 cm 6.04 Avg. 12w4d 12w0d-13w
NT 0.19 cm 0.19 Avg.
Doppler Measurements
OB-2/3
Time 0.682 s 0.682
HR 176 bpm 176
Uterine
Rt Prox PS 110.9 cm/s 110.9
Rt Prox ED 26.8 cm/s 26.8
Rt Prox PI 1.44 1.44
Rt Prox RI 0.76 0.76
Rt Prox AC 0 deg 0