



# 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

23595546

**డా॥ జి. త్రివేణి**

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

ప్రసూతి మరియు స్త్రీల వ్యాధి నిపుణులు

Regd. No. 52814

Pt.'s Name Ayeshah Wahidee Vill. Nalgonda Age 35 Sex F

**GPLAD**

2nd EPT USG

Date: 06/11/22

Wt : 79 kgs

G Du CHN

Valid Upto 20/11/22

Temp : 98

ClO 4 weeks

PR : 82 mt

oleacetal

BP : 130/80 mm Hg

Heart : S1S2

Lungs : NAO

LMP : 07/08/2022

EDD :

S.EDD :

ML :

Consanguinity Yes/No.

Menstrual Periods :

Reg/Irregular

DOB: 09/11/1996

A.

1. 7. Pan D

150

2. 7. Folterutter

150

3. 7. Zewu

150

4. 7. Vanku

150

DMT  
Tup

Adv  
PM

20/11/22/505

PLPret powder  
E milk



# First Trimester Screening Report

**Kalpana Fetal Medicine and Scan Center**  
Dr. L. Kalpana Reddy  
Protecting the Precious...

MRS AYESHA

Date of birth : 09 November 1996, Examination date: 06 November 2022

Address: NALGONDA

Hospital no.: KFC3956

Referring doctor: TRIVENI

Mobile phone: 9642942306

## Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).  
Parity: 1; Deliveries at or after 37 weeks: 1.  
Maternal weight: 78.0 kg; Height: 152.0 cm.  
Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: no; Antiphospholipid syndrome: no; Preeclampsia in previous pregnancy: no;  
Previous small baby: no; Patient's mother had preeclampsia: no.  
Method of conception: Spontaneous;  
Last period: 07 August 2022

EDD by dates: 14 May 2023

## First Trimester Ultrasound:

US machine: E6. Visualisation: good.

Gestational age: 13 weeks + 0 days from dates

EDD by scan: 14 May 2023

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	168 bpm
Crown-rump length (CRL)	71.0 mm
Nuchal translucency (NT)	1.5 mm
Biparietal diameter (BPD)	21.0 mm
Ductus Venosus PI	0.800
Placenta	posterior low
Amniotic fluid	normal

## 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:	1.90	equivalent to 1.260 MoM
Endocervical length:	35.0 mm	

## Risks / Counselling:

Patient counselled and consent given.

Operator: Lekkala Kalpana, FMF Id: 173593

## Condition

Condition	Background risk	Adjusted risk
Trisomy 21	1: 939	1: 8244
Trisomy 18	1: 2370	1: 9796
Trisomy 13	1: 7414	1: 14923
Preeclampsia before 34 weeks		1: 261

Page 1 of 2, printed on 06 November 2022 - MRS AYESHA examined on 06 November 2022.

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

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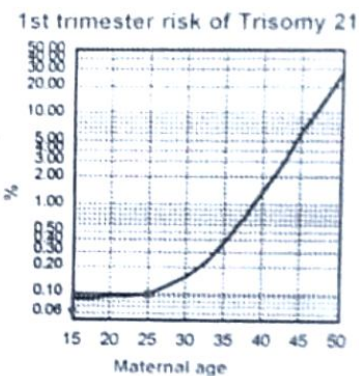
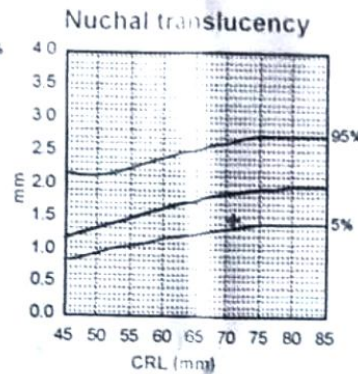
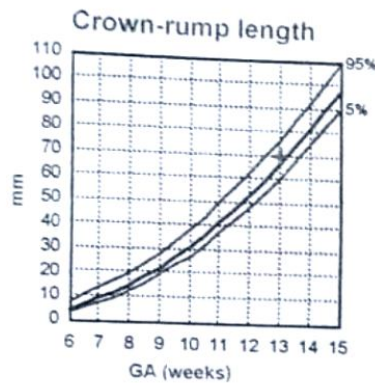


fetal growth restriction before 37 weeks

The background risk for aneuploidies is based on maternal age (25 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. 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 intra uterine fetus corresponding to 13 weeks 0 days.

Doen syndrome screen negative based on NT scan.

Suggested DOUBLE MARKER.

Suggested TIFFA SCAN at 19 to 20 weeks ( Dec 18th to 22nd )

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

DR. L. KALPANA REDDY  
FETAL MEDICINE CONSULTANT.