



త్రివేణి హాస్పిటల్

TRIVENI HOSPITAL



Dr. G. TRIVENI

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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

డా॥ బి. త్రివేణి

M.B.B.S., M.S.(Obgy.)
ప్రసూతి మరియు స్త్రీల వ్యాధి నిపుణులు
Regd. No. 52814

Pt.'s Name Mrs. Mangala. V. Sathish Vill. Chennaram Age 25 Sex F

G P L A D

E 3 M A

Date : 16/11/22

Valid Upto 29/11/22

Wt : 51 kgs

Temp : 37.2

PR : 82 mt

BP : 120/80 mm Hg

Heart : S/S

Lungs : Clear

DOB: 02-12-1997

Adv

DM

29/11/22/505

C/O G. weakens

& Vomits

O/C G. Fever

Am

R R R

P/A. Best for

Acute

Pract. Subfer

LMP : 22-08-2022

EDD :

S.EDD :

ML :

Consanguinity Yes/No.

Menstrual Periods :

Reg/Irregular

1. To Pain D
1-154

2. To Bifolob
+ 154

3. To Zum
1-154

4. Mac prct panel
Am

T. clawam 625m
1-154

T. Dolo 65m
1-154

First Trimester Screening Report

Maternal Medicine and Scan Center

Protecting the Precious...

MRS MANJULA

Date of birth : 02 December 1997, Examination date: 16 November 2022

Address: NALGONDA

Hospital no.: KFC6768

Mobile phone: 8106515666

Referring doctor: TRIVENI

Maternal / Pregnancy Characteristics:

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

Parity: 0.

Maternal weight: 51.0 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: 22 August 2022

EDD by dates: 29 May 2023

First Trimester Ultrasound:

US machine: E 6. Visualisation: good.

Gestational age: 12 weeks + 2 days from dates

EDD by scan: 29 May 2023

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	137 bpm
Crown-rump length (CRL)	61.0 mm
Nuchal translucency (NT)	1.3 mm
Biparietal diameter (BPD)	23.0 mm
Ductus Venosus PI	1.200
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:	1.05	equivalent to 0.630 MoM
Endocervical length:	34.0 mm	

Risks / Counselling:

Patient counselled and consent given.

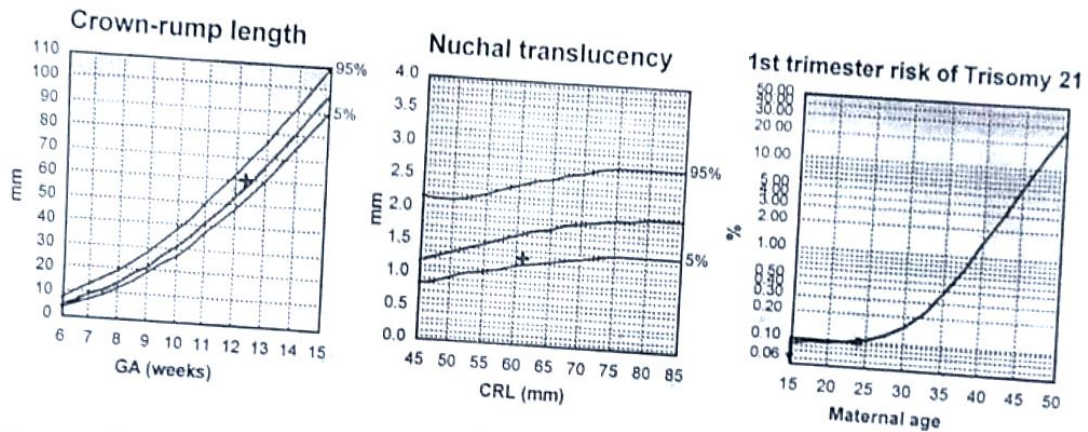
Operator: Lekkala Kalpana, FMF Id: 173593

Condition	Background risk	Adjusted risk
Trisomy 21	1: 965	1: 16726
Trisomy 18	1: 2324	1: 11816
Trisomy 13	1: 7298	<1: 20000
Preeclampsia before 34 weeks		1: 1334
Fetal growth restriction before 37 weeks		1: 184

The background risk for aneuploidies is based on maternal age (24 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 live intra uterine fetus corresponding to 12 weeks 2 days.

Down syndrome screen negative based on NT scan.

Suggested DOUBLE MARKER.

Suggested TIFFA SCAN at 19 to 20 weeks. (Jan2nd to 5th)

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

DR. L. KALPANA REDDY
FETAL MEDICINE CONSULTANT