

DR. AGALawe SONOGRAPHY CLINIC

- NT SCAN • ANOMALY USG • FETAL COLOR DOPPLER • FETAL 2-D ECHO
- FETAL INVASIVE PROCEDURES • GENETIC COUNSELLING

Patient name	Mrs. CHETANA MAHENDRA SHENDE	Age/Sex	25 Years / Female
Patient ID	2987	Visit no	1
Referred by	Dr. MANOJ AGALawe	Visit date	23/11/2022
LMP date	12/08/2022, LMP EDD: 19/05/2023	C-EDD	27/05/2023

OB - 2/3 Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Maternal

Cervix measured 4.11 cm in length.

Right Uterine	1.53	—●— (50%)
Left Uterine	1.03	●— (6%)
Mean PI	1.28	—●— (28%)

Fetus

Survey

Placenta - Posterior high

Liquor - Normal

Umbilical cord - Two arteries and one vein

Fetal activity present

Cardiac activity present

Fetal heart rate - 151 bpm

Biometry (mm)

CRL	75.54, 13W 4D	—●— (50%)
BPD	26.5, 14W 4D	—●— (79%)
HC	94.91, 14W 2D	—●— (62%)
AC	73.7, 13W 6D	—●— (64%)
FL	12.1, 13W 4D	—●— (44%)

Fetal doppler

Ductus Venosus PI	0.71	—●— (30%)
IT	2.1 mm	

BSOB ratio - 0.47 mm

Aneuploidy Markers (mm)

Nasal Bone	Present
NT	1.79 —●— (49%)
	Normal
Ductus Venosus	Normal flow
Tricuspid Regurgitation	Absent

Fetal Anatomy

Skull / Brain appears normal

Intracranial structures appears normal

Choroid plexuses seen.

Neck seen.

SD

Spine seen.

Pre maxillary triangle and orbits seen.

Both lungs appeared normal

Cardiac Four chamber view and outflow tracts seen.

Abdominal wall and stomach bubble seen.

Bladder and kidney seen.

Upper limbs and lower limbs seen.

Impression

Intrauterine gestation corresponding to a gestational age of 13 Weeks 4 Days

Gestational age assigned as per biometry (CRL)

Menstrual age 14 Weeks 5 Days

Corrected EDD 27-05-2023

Changing presentation

Adequate liquor

Placenta posterior

Maternal uterine artery Doppler indices WNL

Weight ~ 80g

Suggest

- Aneuploidy screening by Dual markers
- Anomaly scan between 20-22 weeks
- T. Ecosprin 150mg HS
- BP/Growth monitoring



**DR. MEERA AGALAWE (MBBS, MS OBGY, FCPS)
FETAL MEDICINE CONSULTANT**

Disclaimer

- 1) I have neither detected nor disclosed sex of fetus to anybody in any manner
- 2) Evolving anomalies cannot be detected at present scan
- 3) All anomalies are not detected by USG due to varying fetal position, amniotic fluid volume and maternal abdominal wall thickness.
- 4) All measurements including foetal weights are subject to statistical variation.
- 5) Kindly Correlate Clinically

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First Trimester Screening Report

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Shende Chetana

Date of birth : 12 October 1997, Examination date: 23 November 2022

Address: tavashi
GONDIA 441807
INDIA

Mobile phone: 7767948230

Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 0; Spontaneous deliveries between 16-30 weeks: 0.
Maternal weight: 43.7 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: 12 August 2022

EDD by dates: 19 May 2023

First Trimester Ultrasound:

Visualisation: good.

Gestational age:

13 weeks + 4 days from CRL

EDD by scan: 27 May 2023

Findings	Alive fetus	
Fetal heart activity	visualised	
Fetal heart rate	151 bpm	—●—
Crown-rump length (CRL)	75.5 mm	—●—
Nuchal translucency (NT)	1.8 mm	
Ductus Venosus PI	0.710	—●—
Placenta	posterior high	
Amniotic fluid	normal	
Cord	appears 3 vesselled	

Chromosomal markers:

Nasal bone: present; Tricuspid Doppler: normal.

Fetal anatomy:

Skull/brain: appears normal; Spine: appears normal; Heart: Appears four chambered; Abdominal wall: appears normal;
Stomach: visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible.

Uterine artery PI:	1.28	equivalent to 0.810 MoM
Mean Arterial Pressure:	64.5 mmHg	equivalent to 0.810 MoM
Endocervical length:	41.1 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: MEERA AGALawe, FMF Id: 191014

Condition	Background risk	Adjusted risk
Trisomy 21	1: 991	1: 19818
Trisomy 18	1: 2551	<1: 20000
Trisomy 13	1: 7964	<1: 20000
Preeclampsia before 34 weeks		1: 8572
Preeclampsia before 37 weeks		1: 1177

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924, Ganesh Nagar, Kesalwada (W), Lakhani, Bhandara - 441804 : 8275398668 : svh.lakhani@gmail.com

First Trimester Screening Report

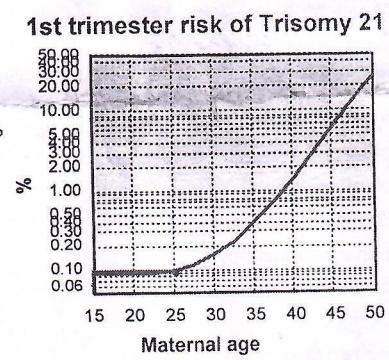
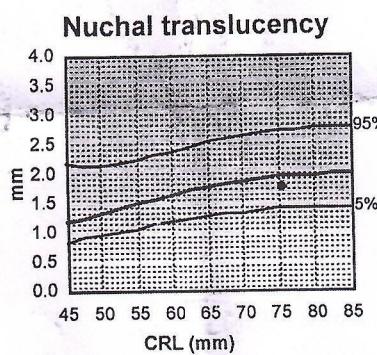
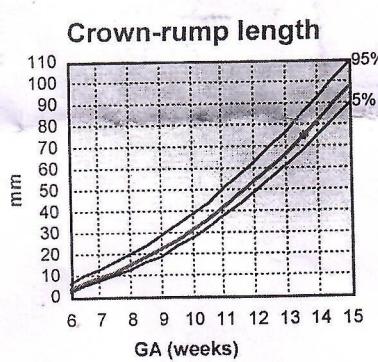
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Preeclampsia before 42 weeks	1: 78
Fetal growth restriction before 37 weeks	1: 116
Spontaneous delivery before 34 weeks	1: 1188

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, 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).



AD

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