



త్రివేణి హాస్పిటల్

TRIVENI HOSPITAL



శ్రీనాండ్ హాస్పిటల్ గేటు ఎదురుగా, డాక్టర్స్ కాలనీ, నల్లగొండ.

Dr. G. TRIVENI
M.B.B.S., M.S.(Obgy.)
Obstetrician & Gynaecologist
Fertility 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॥ జి. త్రివేణి

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

ప్రసూతి మరియు స్త్రీల వ్యాధి నిపుణులు
Regd. No. 52814

Name: Kavitha Kila'-Praveen Vill. Nalgonda Age 19 Sex F
Date: 21/11/22

LAD

E 4MA

Valid Upto: 4/12/22

Weight: 69kgs
BP: 110/70mmHg
HR: 88bpm
Temp: 37.2
Pulse: 110bpm
Respiration: 18bpm
S/Gs: NAD

CCO G. wheel
OCC AC-Face
Open
P. 280 Gr
P.A. Soft

LMP :
EDD :
S.EDD :
ML :
Consanguinity Yes/No.
Menstrual Periods :
Reg/Irregular

T. clausum 625m
T. Axi-M 150

T. Ecopun 150m
T. Diphtheria 100

T. Parvum 100
T. Bifolath + 100
T. Haffygun 150
T. Vankun + 150

[Signature]

28/11/22

Bp :- 110/40 mm/hg

wt :- 40 kgs

OLE GC Fair

Affair

PR 80 hr

PUT - ut just path
selin

Adw

Double marks

PR ut belly

T. Comilaid 1 — 20d

T. Pelt-SR 200d
1 — 20d

R

1. To Pan-D
1 — 20d

2. To Bifoliate
1 — 20d

3 To Zewla
1 — 20d

MRS KAVITHA

Date of birth : 15 August 2004, Examination date: 28 November 2022

Address: 8/1/223, GOLLAGUDA
NALGONDA

Hospital no.: KFC7417

Mobile phone: 8106890906

Referring doctor: TRIVENI

Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 0.

Maternal weight: 68.0 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: 12 August 2022

EDD by dates: 19 May 2023

First Trimester Ultrasound:

US machine: E 6. Visualisation: good.

Gestational age: **12 weeks + 6 days** from CRL

EDD by scan: 06 June 2023

Findings
Fetal heart activity
Fetal heart rate
Crown-rump length (CRL)
Nuchal translucency (NT)
Biparietal diameter (BPD)
Ductus Venosus PI
Placenta
Amniotic fluid

Alive fetus
visualised
163 bpm
65.3 mm
2.9 mm
24.0 mm
0.900
POSTERIOR
normal

Chromosomal markers:

Nasal bone: can not examine; 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: 1.65
Endocervical length: 30.0 mm

equivalent to 1.050 MoM

Risks / Counselling:

Patient counselled and consent given.

Operator: Lekkala Kalpana, FMF Id: 173593

Condition	Background risk	Adjusted risk
Trisomy 21	1: 1120	1: 188
Trisomy 18	1: 2753	1: 1640
Trisomy 13	1: 8632	1: 4739
Preeclampsia before 34 weeks		1: 211

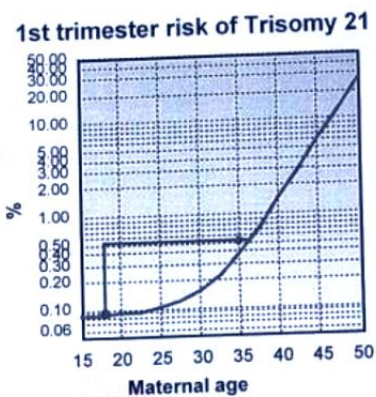
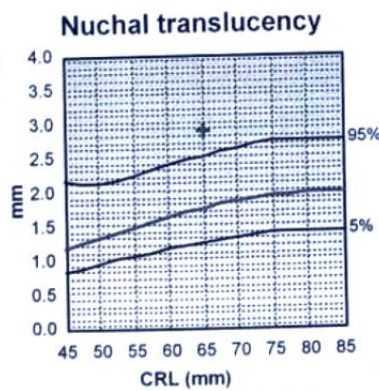
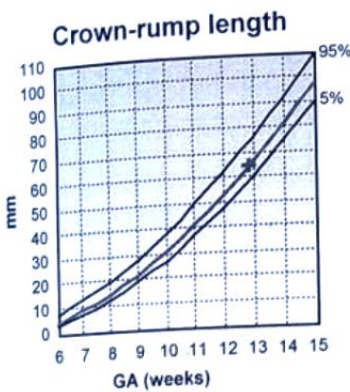


Fetal growth restriction before 37 weeks

The background risk for aneuploidies is based on maternal age (18 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, 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 6 days.

NT measures 2.9mm (Increased for the gestational age)

NASAL BONE CAN NOT EXAMINE.

Difficult examination due to persistent unfavourable fetal position.

Suggested EARLY TIFFA SCAN at 16 weeks. (DEC 21ST TO 24TH)

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

DR. L. KALPANA REDDY
FETAL MEDICINE CONSULTANT