

First Trimester Screening Report

Sen Deepti

Date of birth : 15 March 1995, Examination date: 10 February 2023

Address: hno. 38 / 2 , d- sector banjar
kolar road
Bhopal
INDIA

Referring doctor: DR. (MS) POOJA SHRIVASTAVA

Maternal / Pregnancy Characteristics:

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

Maternal weight: 46.2 kg; Height: 157.5 cm.

Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: dont know; Antiphospholipid syndrome: dont know; Patient's mother had preeclampsia: no.

Method of conception: Spontaneous;
Last period: 05 November 2022

EDD by dates: 12 August 2023

First Trimester Ultrasound:

US machine: logiq f6. Visualisation: good.

Gestational age: 13 weeks + 6 days from dates

EDD by scan: 12 August 2023

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	143 bpm
Crown-rump length (CRL)	78.6 mm
Nuchal translucency (NT)	2.3 mm
Ductus Venosus PI	0.920
Placenta	posterior high
Amniotic fluid	normal
Cord	3 vessels

Chromosomal markers:

Nasal bone: present; Tricuspid Doppler: normal.

Fetal anatomy:

Skull/brain: appears normal; Spine: appears normal; Heart: No TR.; Abdominal wall: appears normal; Stomach: visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible; both orbits & lens seen . PMT is intact.

Uterine artery PI:	1.62	equivalent to 1.050 MoM
Mean Arterial Pressure:	83.5 mmHg	equivalent to 1.040 MoM
Endocervical length:	33.5 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 836	1: 16728
Trisomy 18	1: 2181	<1: 20000
Trisomy 13	1: 6802	<1: 20000

First Trimester Screening Report

Preeclampsia before 34 weeks

1: 590

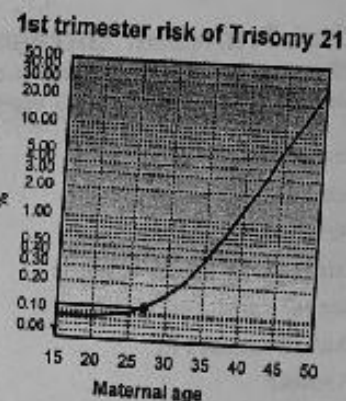
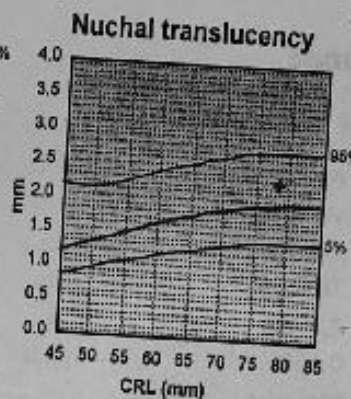
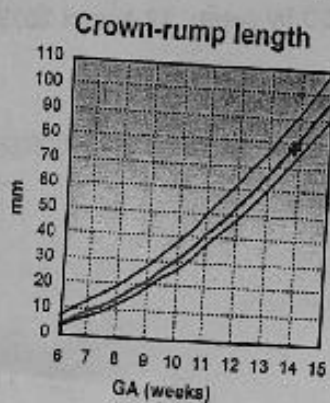
Fetal growth restriction before 37 weeks

1: 107

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).



विजयवर्गीय

डॉ. एम. आर. डी

लोशिंग :

ल, मुंबई

न, मुंबई

जस्ट :

टल, नोएडा

हॉस्पिटल, दिल्ली

स्पटल लिमिटेड, कानपुर

ल नेहरू कैंसर हॉस्पिटल, भोपाल

• Ex. Resident Gynaecologist MY Hospital Indore.

• Fetal Echocardiography, Wadia Hospital Mumbai.

DR. ANKITA VIJAYVARGIYA
MBBS, DMRD

MRI FELLOWSHIPS :

• NANAVATI HOSPITAL, MUMBAI

• HINDUJA HOSPITAL, MUMBAI

FORMER RADIOLOGIST AT:

• FORTIS HOSPITAL, NOIDA

• G.T.B HOSPITAL, DELHI

• REGENCY HOSPITAL LTD, KANPUR

• JAWAHAR LAL NEHRU CANCER HOSPITAL, BHOPAL

FMF Certified from

Fetal Medicine Foundation

Reg. No. MP-8932

REF. BY : DR. POOJA SHRIVASTAVA (MS)

AGE/SEX : 26Y/F

DATE : 10.02.2023

OBSTETRIC USG (EARLY ANOMALY SCAN)

LMP: 05.11.2022

GA(LMP): 13wk 6d

EDD : 12.08.2023

- Single live fetus seen in the intrauterine cavity in variable presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 143 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.
- Both orbits & lens seen. PMT is intact. No intrathoracic mass seen. No TR.
- Stomach bubble is seen. Bilateral renal shadows 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 translucency measures 2.3 mm (WNL).
- Ductus venosus shows normal flow & spectrum with positive "a" wave (PI ~ 0.92)

FETAL GROWTH PARAMETERS

CRL 78.6 mm ~ 13 wks 6 days of gestation.

- Estimated gestational age is 13 weeks 6 days (+/- 1 week). EDD by USG : 12.08.2023
- Internal os closed. Cervical length is WNL (33.5 mm).
- Baseline screening of both uterine arteries was done with mean PI ~ 1.62 (WNL for gestation).
- A large hypoechoic solid lesion ~ 4.9 x 4.7 cm is seen in left lateral body wall - Intramural fibroid.

IMPRESSION:

- Single, live, intrauterine fetus of 13 weeks 6 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 echogenicity. Therefore all fetal anomalies may not be detected at every examination. Patient has been counselled about the capabilities & limitations of this examination.)

(DR. ANKITA VIJAYVARGIYA)

