Dr. Pooja Shrivastava

MBBS
MS (Obstetrics & Gynaecology)
Reg No. MP-4298

- Ex. Resident Gynaecologist MY Hospital Indore.
- Trained in Obstetric Ultrasonography, Wadia Hospital Mumbai.
- Ex. Consultant Gynaecologist and Sonologist Urban RCH programme J P Hospital, Bhopal.

Obstetrician & Gynaecologist

Trained in : Gynaecological Endoscopy Laparoscopy & Hysteroscopy. Obstetric & Gynaecological Ultrasonography Laparoscopic Sterlization & Family Planning

LH-A-008043

Date : 2-Feb-2023

Name :	**MRS. KAVITA SAHU**	**Age/Sex :**	34 Years / Female
Address :	Kajali Kheda Kolar	**Mobile No.:**	7999833920

BP - 138/88
Pluse - 89.
SpO_2 - 100
Tem - 97.3.
Wt. - 58.2 kg.

In Emergency Call : 9425005377

Email id : poojadr2003@gmail.com

LOTUS HOSPITAL
M-351, Rajharsh Colony, Nayapura, Kolar main road, Bhopal
Ph.: 0755-4093322, 6262093322

Signature

07 FEB 2023

Wt 57.6 kg
BP 115/65
Pulse 112/min
Temp 98.8°F
SpO2 98%

Rx

डॉ. अंकिता विजयवर्गीय
एम. बी. बी. एस., डी. एम. आर. डी
एम. आर. आई. फैलोशिप :
नानावटी हॉस्पिटल, मुंबई
हिंदुजा हॉस्पिटल, मुंबई
पूर्व रेडियोलाजिस्ट :
फोर्टिस हॉस्पिटल, नोएडा
जी. टी . बी. हॉस्पिटल, दिल्ली
रीजेंसी हॉस्पिटल लिमिटेड, कानपुर
जवाहर लाल नेहरू कैंसर हॉस्पिटल, भोपाल

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

PATIENT'S NAME : MRS. KAVITA SAHU AGE/SEX : 34Y/F

REF. BY : DR. POOJA SHRIVASTAVA DATE : 07.02.2023

OBSTETRIC USG (EARLY ANOMALY SCAN)

LMP: 11.11.2022 GA(LMP):12wk 4d EDD : 18.08.2023

- Single live fetus seen in the intrauterine cavity in variable presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 169 beats /min.
- PLACENTA: is grade I, high anterior & 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.
- 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 transluscency measures 1.8 mm (WNL).
- Ductus venosus shows normal flow & spectrum with positive "a" wave (PI ~ 0.7)

FETAL GROWTH PARAMETERS

▪ CRL	61.8	mm	~	12	wks	4 days of gestation.

- Estimated gestational age is 12 weeks 4 days (+/- 1 week). EDD by USG : 18.08.2023
- Internal os closed. Cervical length is WNL (33.5 mm).
- *Baseline screening of both uterine arteries was done with mean PI ~ 1.52 (WNL for gestation).*
- Date of last delivery 02.09.2014 .
- Gestation at delivery of last pregnancy 40 weeks 3 days.

IMPRESSION:

- Single, live, intrauterine fetus of 12 weeks 4 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 ecogenicity. Therefore all fetal anomalies may not be detected at every examination. Patient has been councelled about the capabilities & limitations of this examination.)

(DR. ANKITA VIJAYVARGIYA)

First Trimester Screening Report

Sahu Kavita
Date of birth : 02 June 1988, Examination date: 07 February 2023.

Address: hno. 10, kajli kheda kolar road
bhopal
Bhopal
INDIA

Referring doctor: DR. (MS) POOJA SHRIVASTAVA

Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 2; Deliveries at or after 37 weeks: 2.
Maternal weight: 58.0 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; Preeclampsia in previous pregnancy: no; Previous small baby: no; Patient's mother had preeclampsia: no.
Method of conception: Spontaneous;
Last period: 11 November 2022 EDD by dates: 18 August 2023

First Trimester Ultrasound:

US machine: logiq f6. Visualisation: good.
Gestational age: **12 weeks + 4 days** from dates EDD by scan: 18 August 2023

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	169 bpm
Crown-rump length (CRL)	61.8 mm
Nuchal translucency (NT)	1.8 mm
Ductus Venosus PI	0.760
Placenta	anterior 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.

Uterine artery PI:	1.52	equivalent to 0.930 MoM
Mean Arterial Pressure:	97.2 mmHg	equivalent to 1.170 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: 293	1: 5858
Trisomy 18	1: 708	1: 14165
Trisomy 13	1: 2224	<1: 20000
Preeclampsia before 34 weeks		1: 437

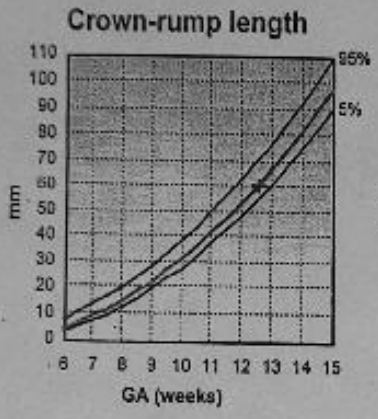
First Trimester Screening Report

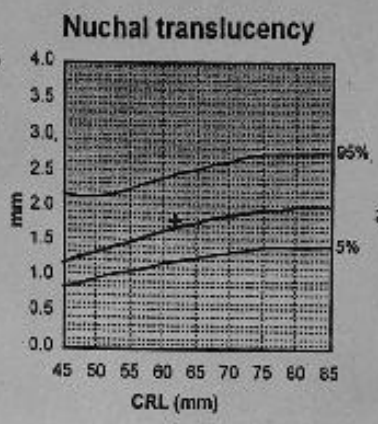
Fetal growth restriction before 37 weeks 1: 203

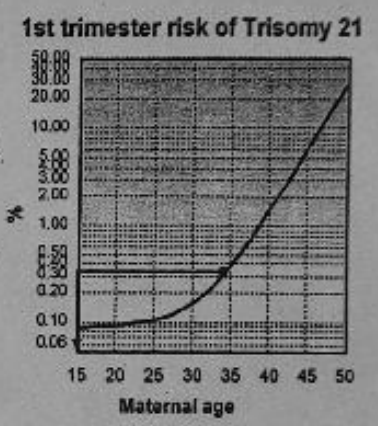
The background risk for aneuploidies is based on maternal age (34 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (fetal nuchal translucency thickness, nasal bone, tricuspid Doppler, ductus venosus Doppler, fetal heart rate).

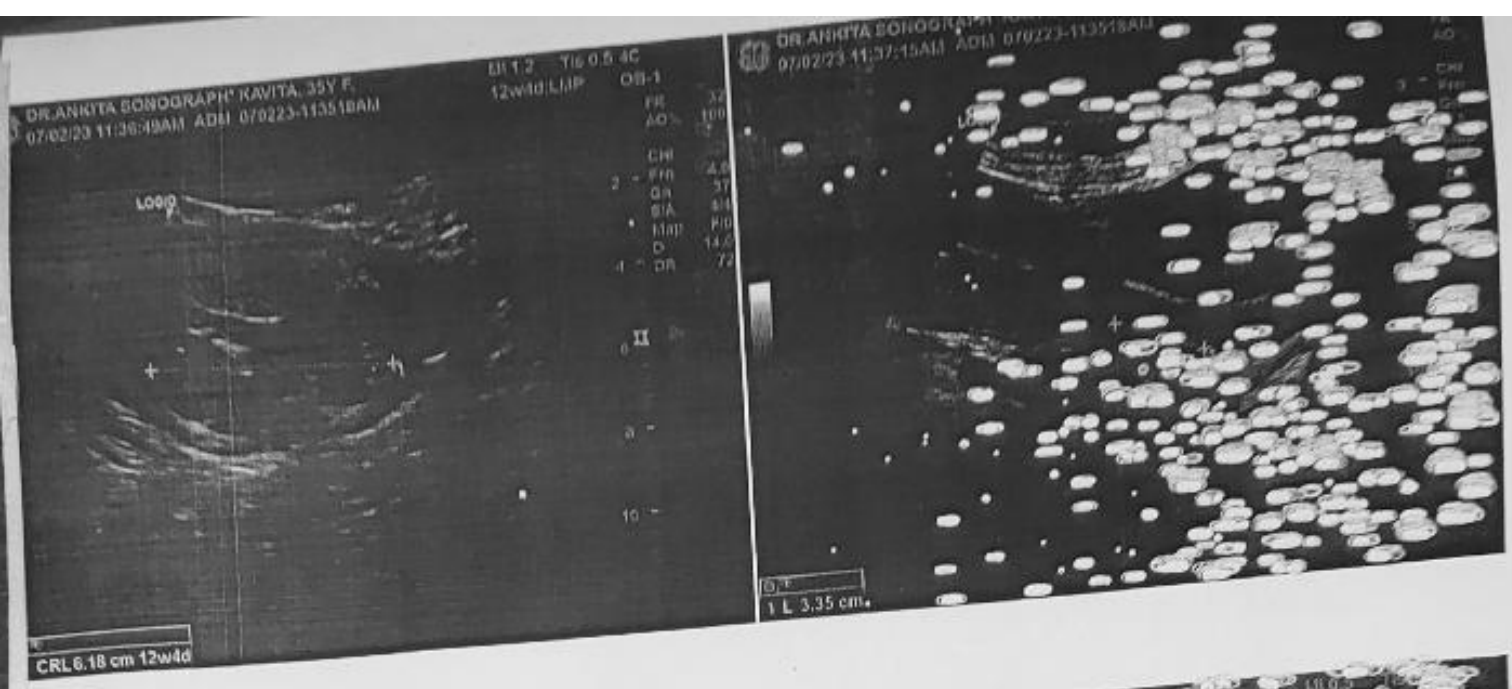
Risks for preeclampsia and fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history, uterine artery Doppler and mean arterial pressure (MAP).
All biophysical markers are corrected as necessary according to several maternal characteristics including racial 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).








DR.ANKITA SONOGRAPH' KAVITA, 35Y F,
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LOGIQ
CRL 6.18 cm 12w4d
DR.ANKITA SONOGRAPH' KAVITA, 35Y F,
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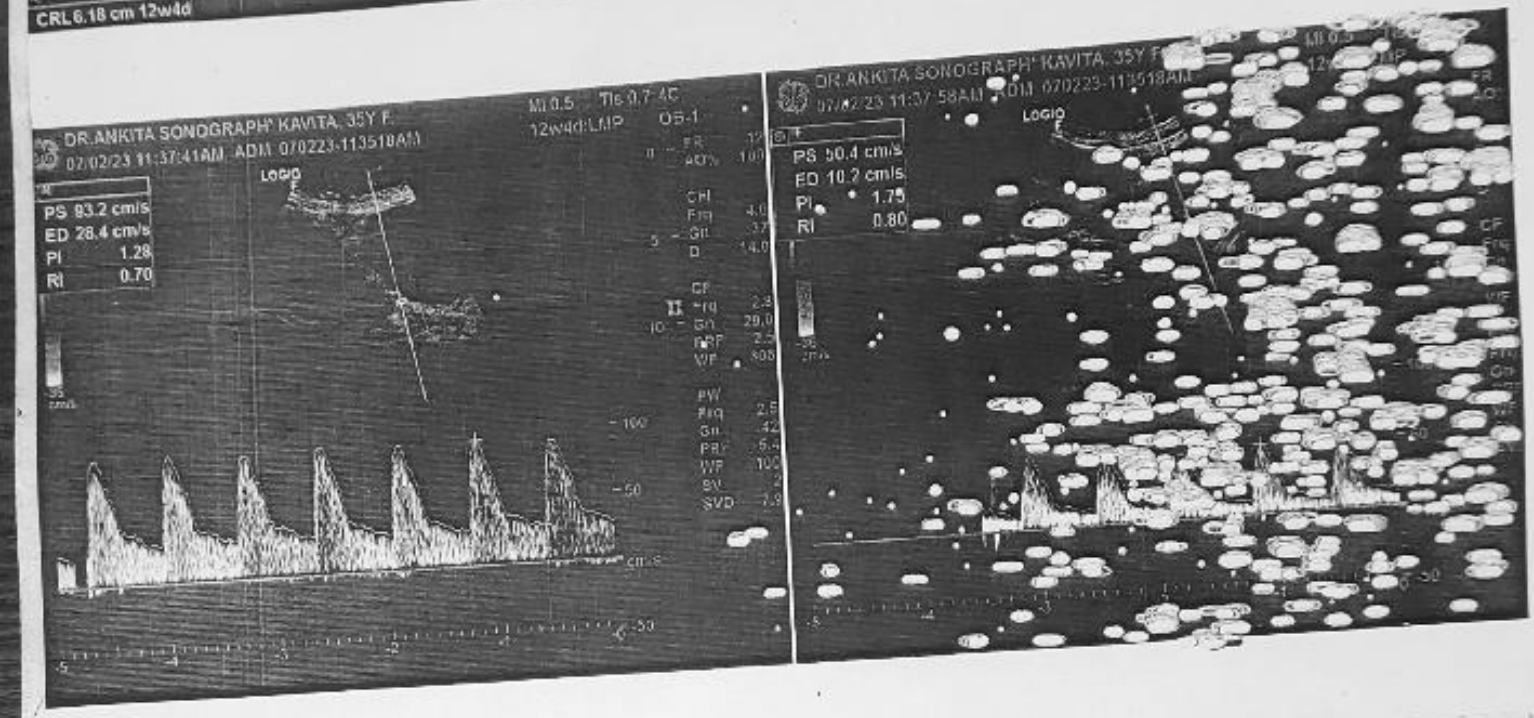
L 3.35 cm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LOGIQ
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ED 28.4 cm/s
PI 1.28
RI 0.70
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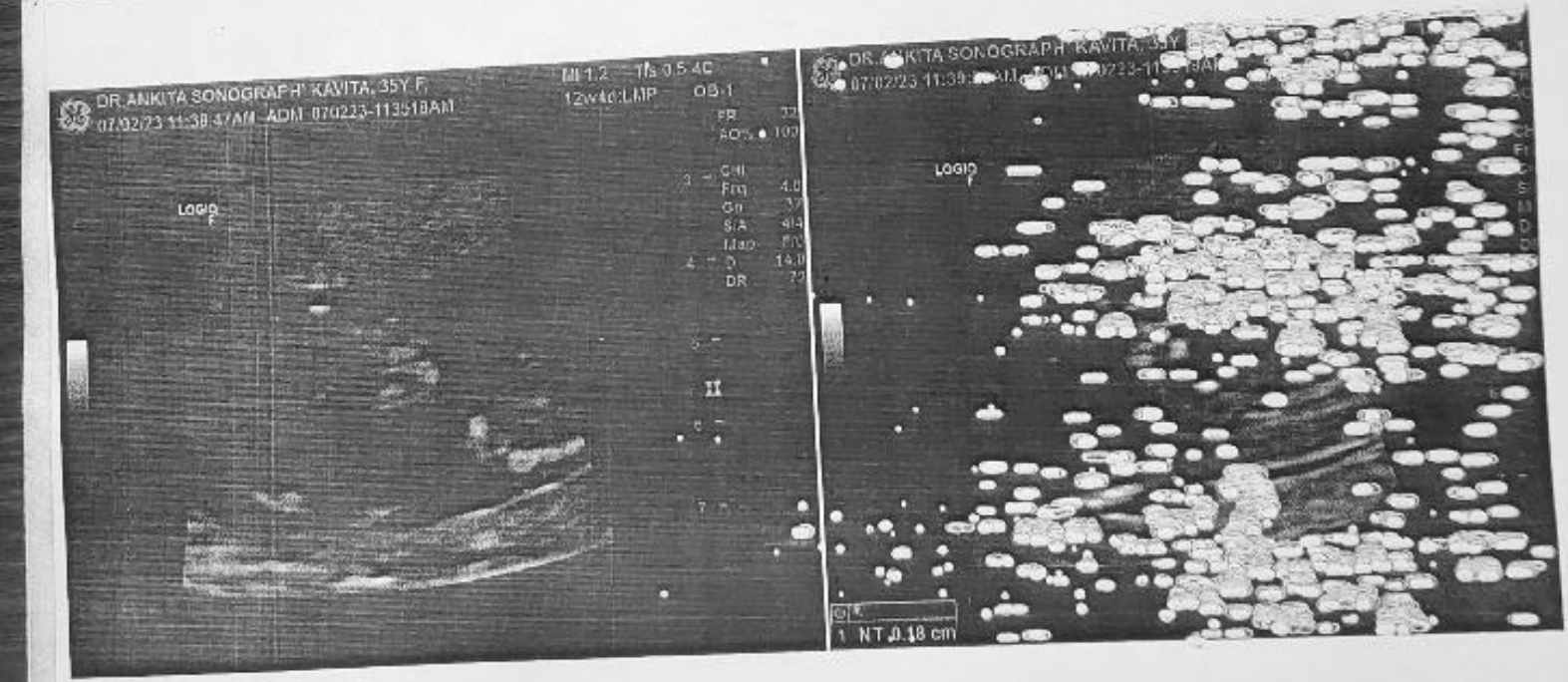
ED 10.2 cm/s
PI 1.75
RI 0.80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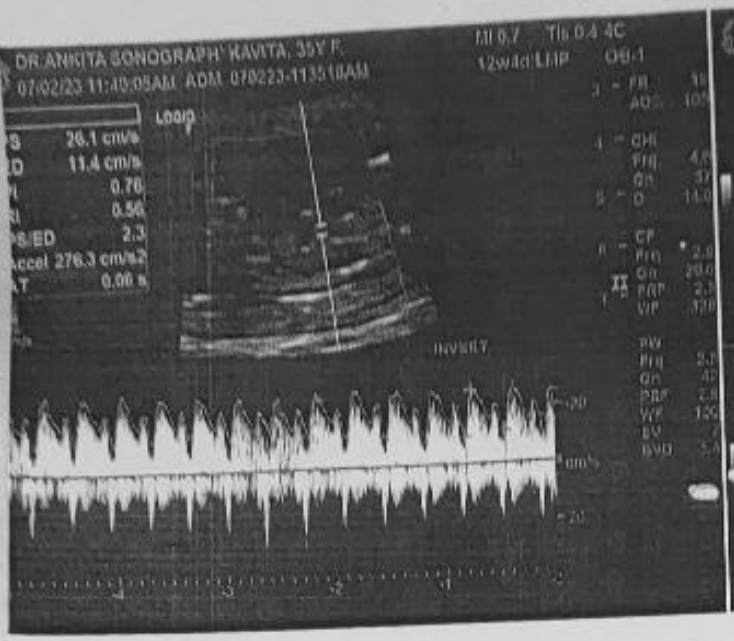
LOGIQ
NT 0.18 cm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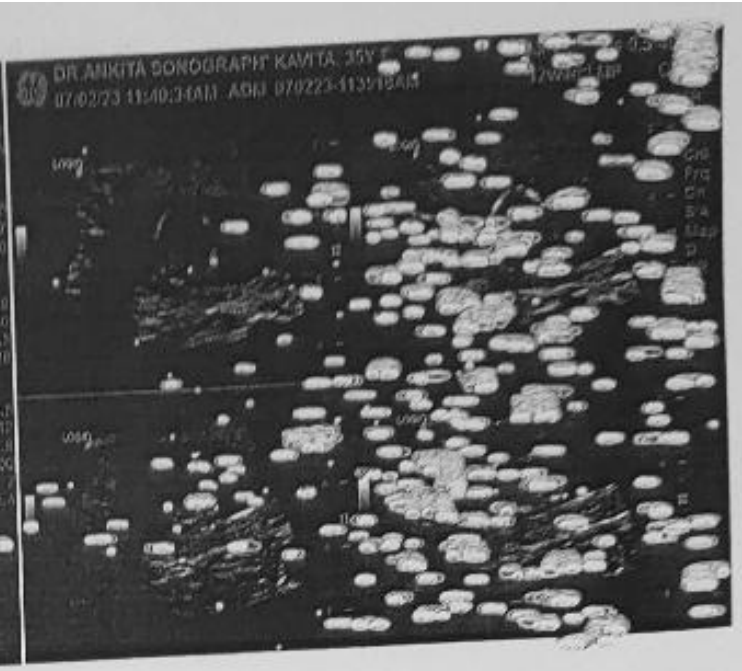
MI 0.7 Tis 0.4 4C
12w4d LMP OB-1
LOGIQ
INVERT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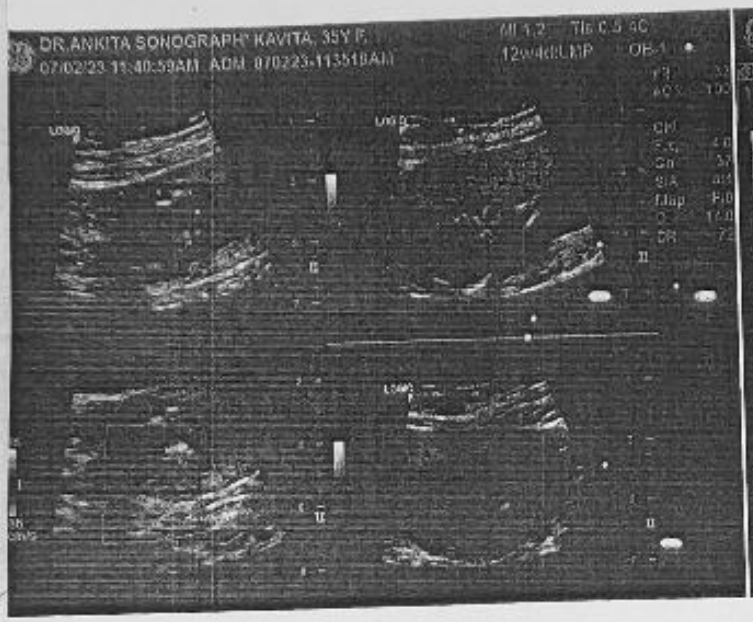
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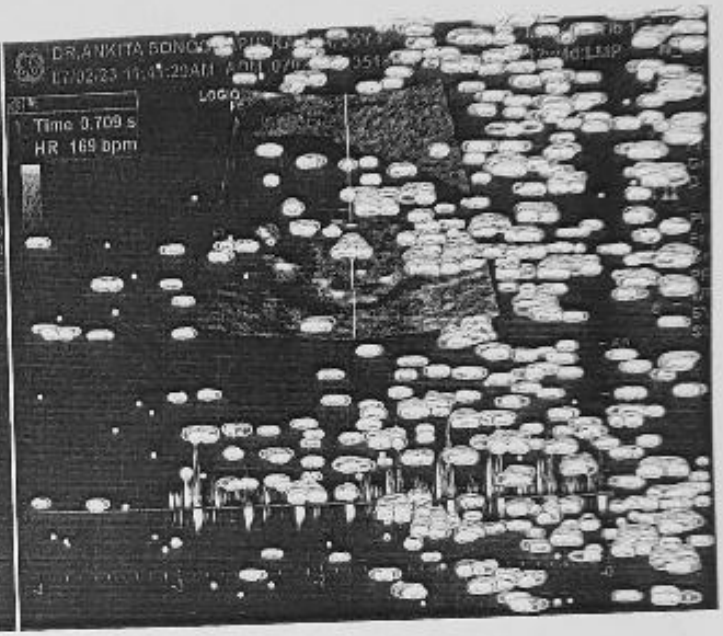
MI 1.2 Tis 0.5 9C
12w4d LMP OB-1
LOGIQ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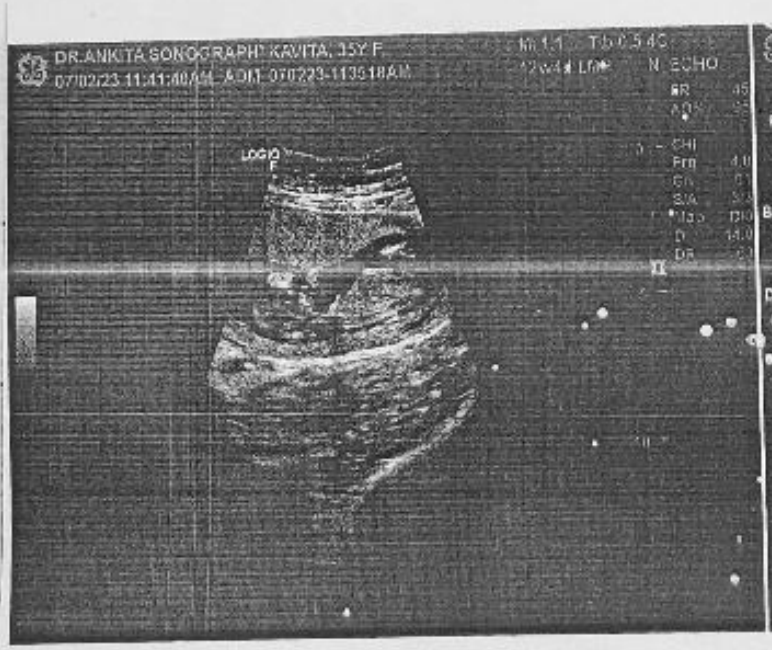
LOGIQ
Time 0.709 s
HR 169 bpm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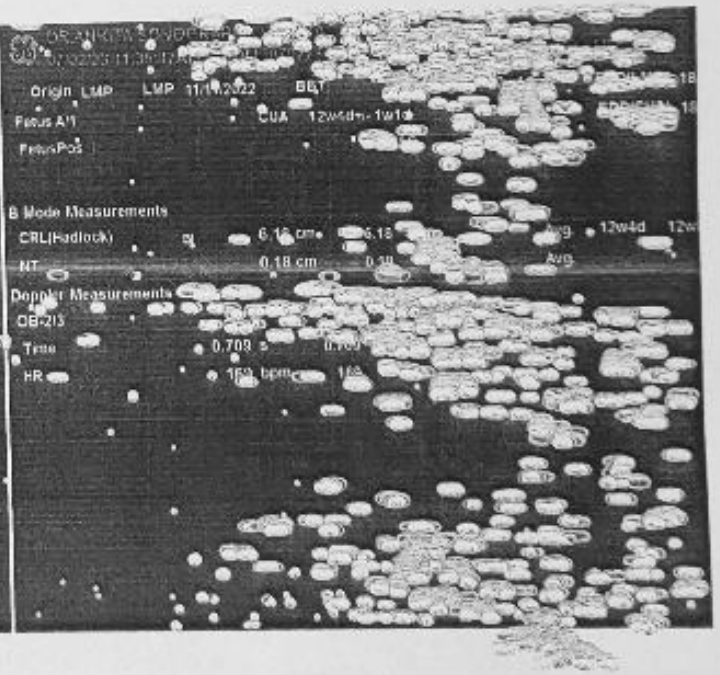
MI 1.1 Tis 0.5 4C
12w4d LMP N ECHO
LOGIQ


Origin LMP LMP 11/19/2022 EDD
Fetus A*1
Fetus Pos
B Mode Measurements
CRL(Radiolucy)
NT
0.18 cm
Doppler Measurements
OB-213
Time
0.709 s
HR
169 bpm