

Dr. Pooja Shrivastava

MBBS

MS (Obstetrics & Gynaecology)

Reg No. MP-4298

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



- 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



LH-A-007947

Date : 1-Mar-2023

Name : MRS. PRIYANKA SAVITA

Age/Sex : 23 Years / Female

Address : M260 Rajharsh Colony

Mobile No.: 7354494416

*Handwritten signature*

*Adm  
Obstetric  
MS & Gynaecology  
on 4/3/23*

*R<sub>2</sub>*

*BP - 120/78*

*Pulse - 120 b/m*

*Temp - 97.2°F*

*SpO<sub>2</sub> - 99%*

*wt - 40.5 kg*

*For Thyroid scan  
For DA & echo for MS  
For Natusapex of heart  
Bx*

*For  
up*

*53*

In Emergency Call : 9425005377

Email id : poojadr2003@gmail.com

Signature



Lotus Hospital

LOTUS HOSPITAL

M-351, Rajharsh Colony, Nayapura, Kolar main road, Bhopal

Ph.: 0755-4093322, 6262093322

B.P - 106/70 mm Hg  
Pulse - 112 b/m  
Temp - 96.9 f  
SpO2 - 98%  
Wt - 39.8 Kg

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John

Bob

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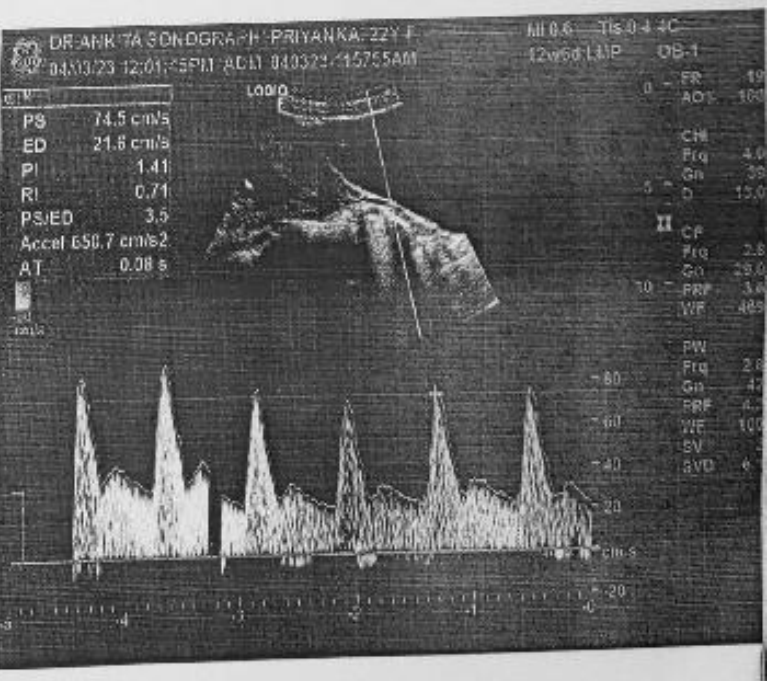
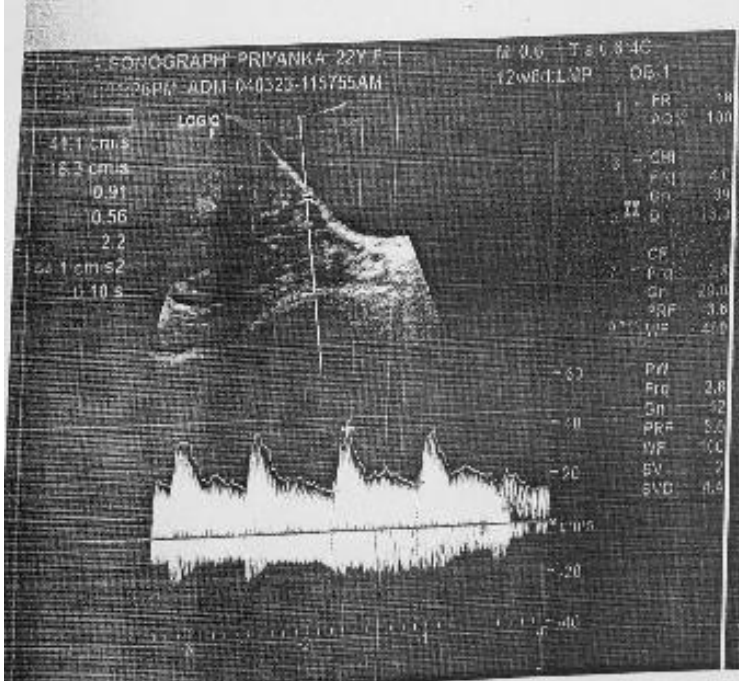
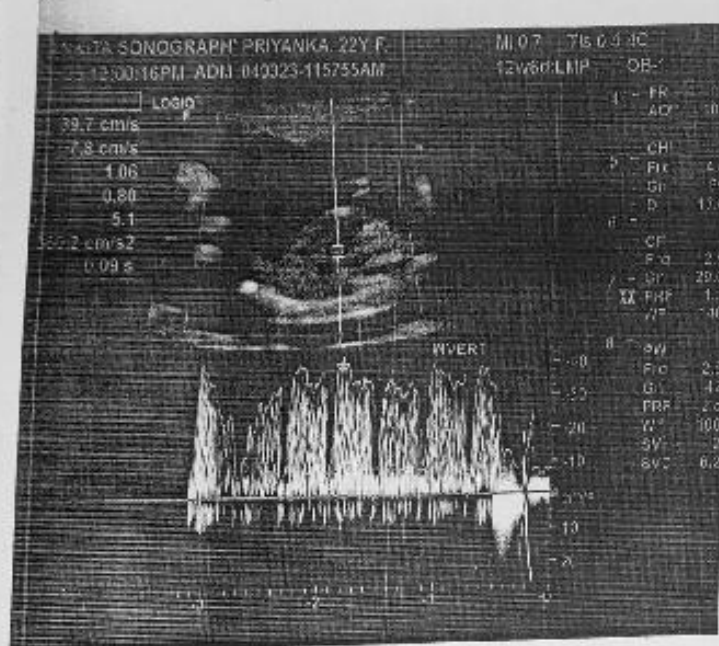
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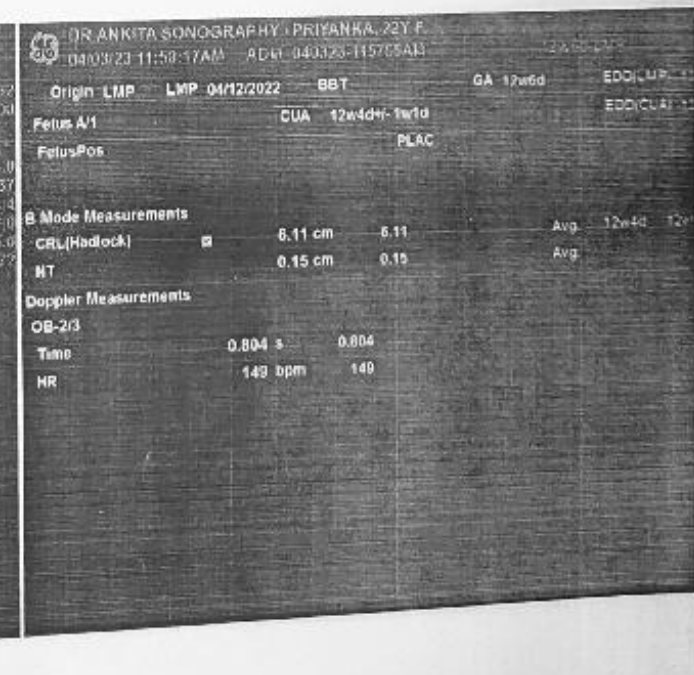
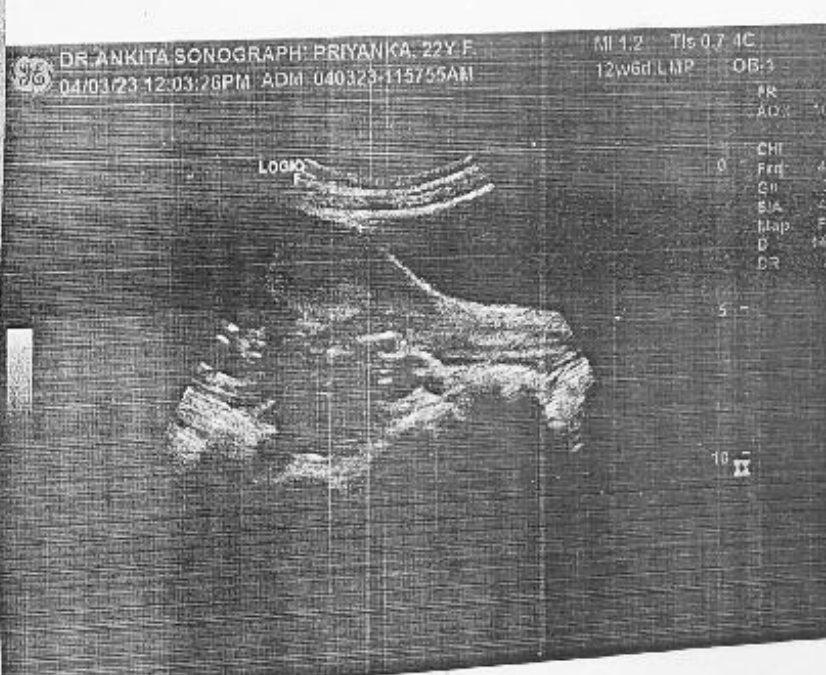
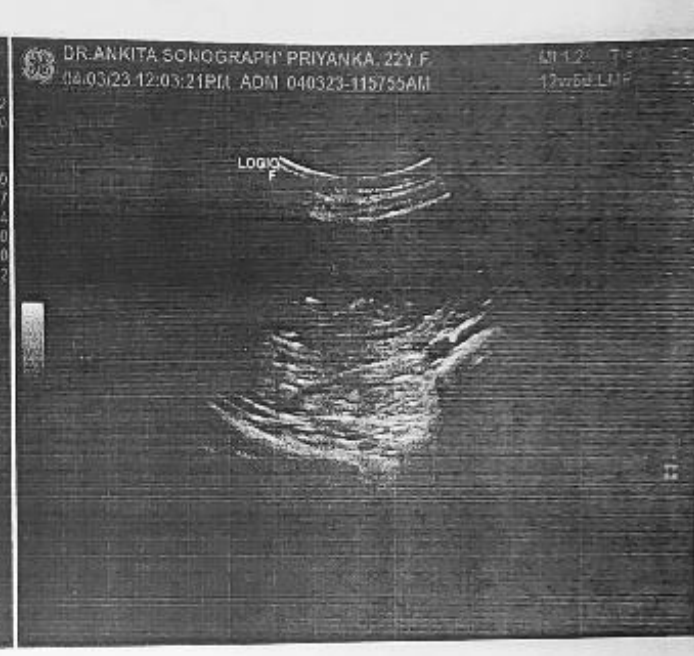
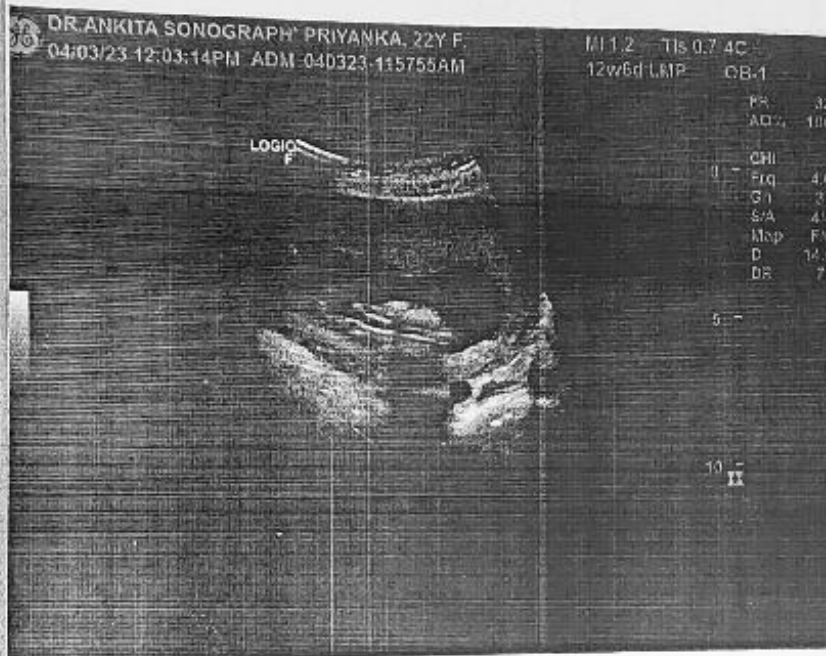
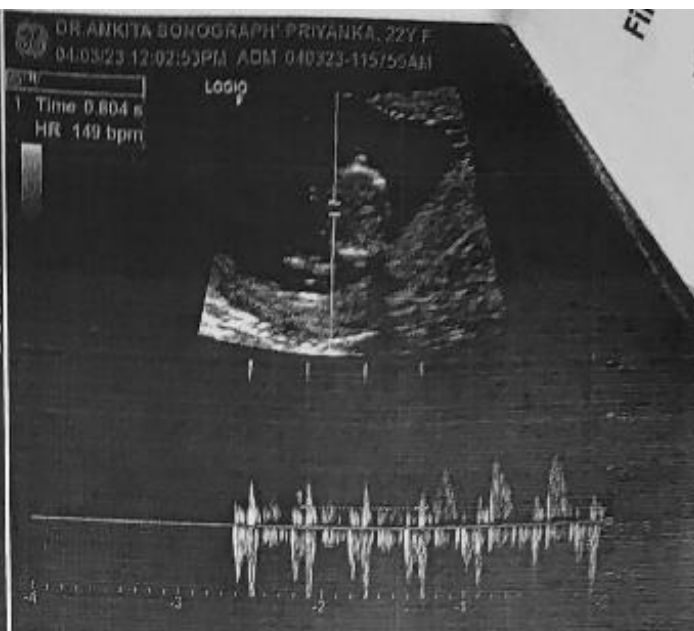
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## First Trimester Screening Report

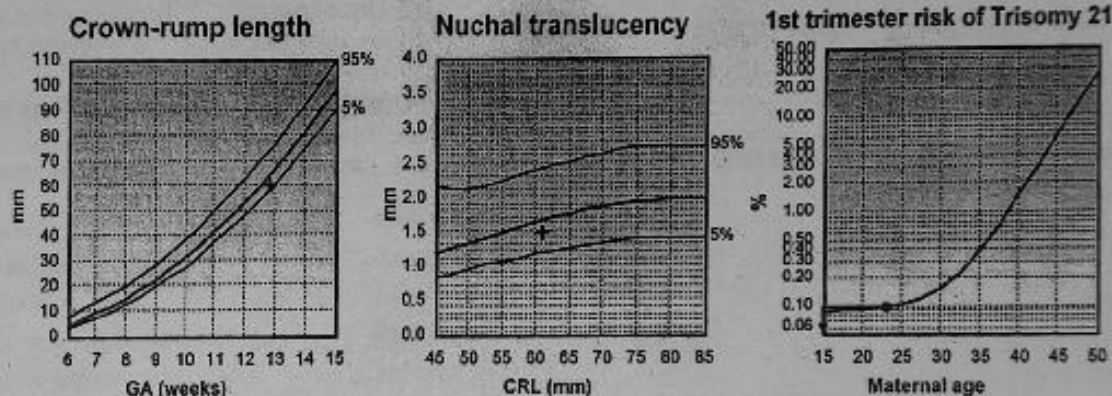
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Fetal growth restriction before 37 weeks

The background risk for aneuploidies is based on maternal age (23 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](http://www.fetalmedicine.com)).



## First Trimester Screening Report

Savita Priyanka

Date of birth : 01 January 2000, Examination date: 04 March 2023

Address: hno.00, lalita nagar kolar road  
Bhopal  
INDIA

Referring doctor: DR. (MS) POOJA SHRIVASTAVA

### Maternal / Pregnancy Characteristics:

Previous chromosomally abnormal child or fetus: first trimester miscarriage.  
Racial origin: South Asian (Indian, Pakistani, Bangladeshi).

Parity: 0.

Maternal weight: 40.0 kg; Height: 152.4 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: 04 December 2022

EDD by dates: 10 September 2023

### First Trimester Ultrasound:

US machine: logiq f6. Visualisation: good.

Gestational age: 12 weeks + 6 days from dates

EDD by scan: 10 September 2023

Findings	Alive fetus	
Fetal heart activity	visualised	
Fetal heart rate	149 bpm	●— —
Crown-rump length (CRL)	61.1 mm	●— —
Nuchal translucency (NT)	1.5 mm	●— —
Ductus Venosus PI	1.060	●— —
Placenta	anterior low	
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:	1.16	equivalent to 0.680 MoM
Mean Arterial Pressure:	89.4 mmHg	equivalent to 1.140 MoM
Endocervical length:	37.3 mm	

### Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 1027	<1: 20000
Trisomy 18	1: 2476	<1: 20000
Trisomy 13	1: 7775	<1: 20000
Preeclampsia before 34 weeks		1: 711



## अंकिता विजयवर्गीय

डी. एस्. डी. एम. आर. डी  
आर. आई. फेलोशिप :  
नावटी हॉस्पिटल, मुंबई  
हिंदुजा हॉस्पिटल, मुंबई  
पूर्व रेडियोलॉजिस्ट :  
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. PRIYANKA

AGE/SEX : 23Y/F

REF. BY : DR. POOJA SHRIVASTAVA (MS)

DATE : 04.03.2023

### OBSTETRIC USG (EARLY ANOMALY SCAN)

LMP: 04.12.2022

GA(LMP):12wk 6d

EDD : 10.09.2023

- Single live fetus seen in the intrauterine cavity in variable presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 149 beats/min.
- PLACENTA: is grade I, anterior with lower edge just reaching upto internal os.
- 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 translucency measures 1.5 mm (WNL).
- Ductus venosus shows normal flow & spectrum with positive "a" wave (PI ~ 1.06)

#### FETAL GROWTH PARAMETERS

▪ CRL	61.1	mm	~	12	wks	4 days of gestation.
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- Estimated gestational age is 12 weeks 4 days (+/- 1 week). EDD by USG : 12.09.2023
- Internal os closed. Cervical length is WNL (37.3 mm).
- Baseline screening of both uterine arteries was done with mean PI ~ 1.16 (WNL for gestation).

#### IMPRESSION:

- ✚ Single, live, intrauterine fetus of 12 weeks 4 days +/- 1 week.
- ✚ Gross fetal morphology is within normal limits.
- ✚ Low lying placenta with lower edge just reaching upto internal os.

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 counselled about the capabilities & limitations of this examination.)

(DR. ANKITA VIJAYVARGIYA)