



ತ್ರಿವೇಣಿ ಹಾಸ್ಪಿಟಲ್ TRIVENI HOSPITAL



ಗ್ರೇಟಾಂಡ್ ಹಾಸ್ಪಿಟಲ್ ಗೆಟು ಎದುರುಗಾ, ಚಾಣ್ಣಿಕ್, ಕಾಲನಿ, ಬೆಂಗಳೂರು.

Dr. G. TRIVENI

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

Obstetrician & Gynaecologist

Infertility Specialist

Regd. No. 52814 24031876

ಸಂಪರ್ಕಿಸಲು ಸೇವೆ :
ಫೋನ್ : 7-11-00 ಮೊಬೈಲ್ : 7-11-00 ಮೊಬೈಲ್ : 2-00 ಮೊಬೈಲ್ : 2-00

Cell: 7569550452, 6302900950

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

ಫೆರ್ಟಿಲಿಟಿ ಸ್ಪೆಷಲಿಸ್ಟ್

Regd. No. 52814

12:01 PM

Pt's Name: Shirisha K. K. Vinu VIII Ronagiri Age: 19 Sex: F

GPLAD

2 5M

Date: 28/3/23

Valid Upto: 10/4/23

Wt: 88kgs

Temp: 98

PR: 82b/min

BP: 100/70mmHg

Heart: SIS, I

Lungs: NAD

DOB: 28-10-2004

Uterus

OLIGOFETUS
AFT

PLA at 18-20cm
FPA
relaxed
lig A

PR. after
osm

LMP: 13-11-2022

EDD:

S.EDD:

MI:

Consanguinity Yes/No.

Menstrual Periods:
Reg/Irregular

Adv
10/4/23/05

10/4/23/05

1. T. Pawan
1-154

2. T. Firdus
1-154

3. T. Calicut
1-154

4. Alubul
2-154

5. Syp Dextrose
100ml

Medicine and Scan Center

Protecting the Previous

Patient Name	Mrs. SHIRISHA	Age/Sex	19 Years / Female
Patient ID	KFC7902	Visit No	3
Referred by	Dr. TRIVENI	Visit Date	27/03/2023
LMP Date	13/11/2022	LMP EDD	20/08/2023 [19W 1D]

OB - 2/3 Trimester Scan Report

Indication(s)

TIFFA SCAN

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Maternal

Cervix measured 3.00 cms in length.

Right uterine PI : 0.7

Left uterine PI : 1.2

Mean PI : 0.95

Fetus

Survey

Presentation - VARIABLE

Placenta - Anterior

High

Liquor - Normal

Single deepest pocket = 5

Umbilical cord - Two arteries and one vein

Fetal activity present

Cardiac activity present

Fetal heart rate - 162 bpm

Biometry (Mediscan)

BPD 43 mm 18W 5D	HC 159 mm 18W 5D	AC 137 mm 19W 1D	FL-Rt 30 mm 19W 2D	EFW BPD,HC/ gram
5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50%

Humerus 26 mm

Cephalic index - 74 Dolicocephaly

TCD : 19 mm

Kalpana Fetal Medicine and Scan Center

ASHA / KFC7902 / 27/03/2023 / Visit No 3

Protecting the Precious...

Biody Markers

Fold : 5 mm

Estimated fetal weight according to BPD, AC :- 275 + / - 27.5 FL, AC :- 278 + / - 27.8 gms.

Fetal Anatomy

Head

Left lateral ventricle measured 6.5 mm

Cisterna magna measured 4.4 mm

Midline falx seen

Both lateral ventricles appeared normal.

Posterior fossa appeared normal.

No identifiable intracranial lesion seen

Neck

Fetal neck appeared normal

Spine

Entire spine visualised in longitudinal and transverse axis.

Vertebrae and spinal canal appeared normal

Face

Fetal face seen in the coronal and profile views.

Both orbits, nose and mouth appeared normal

Thorax

Both lungs seen.

No evidence of pleural or pericardial effusion.

No evidence of SOL in the thorax.

Heart

Heart appears in the mid position.

Normal cardiac situs. Four chamber view normal.

Outflow tracts appeared normal.

Abdomen

Abdominal situs appeared normal.

Stomach and bowel appeared normal.

Normal bowel pattern appropriate for the gestation seen.

No evidence of ascites.

Abdominal wall intact.

KUB

Right and Left kidneys appeared normal.

Bladder appeared normal

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8-2-71/1/ఎ, గ్రీన్ లాండ్ హాస్పిటల్ ఎదురుగా, డాక్టర్స్ కాలనీ, నల్లగొండ - 508 001. తెలంగాణ

For Appointment : ☎ +91 8522 856 854 | +91 9704 234 016

Kalpana Fetal Medicine and Scan Center

SHIRISHA / KFC7902 / 27/03/2023 / Visit No 3

Protecting the Precious...

Long bones visualized and appear normal for the period of gestation
Fetal heart appeared normal

Doppler

Uterine Artery PI - 1.2

Impression

Single gestation corresponding to a gestational age of 19 Weeks 1 Day
Gestational age assigned as per LMP.

Placenta - Anterior

Presentation - VARIABLE

Liquor - Normal

Estimated fetal weight according to BPD, AC - 275 + / - 27.5 FL, AC - 278 + / - 27.8 BPD, HC, AC, FL - 276 + / - 27.6 gms

BILATERAL CHOROID PLEXUS CYSTS.

Left cp cyst measuring - 5 X 3 mm.

Right cp cyst measuring - 7 X 4.8 mm.

I have explained to the couple that CPCs are NOT brain defects and will not cause mental handicap. In majority of the cases, this is benign and transient. It is a marker for Trisomy 18 (Edward's Syndrome). However, in this chromosomal abnormalities, there are many associated fetal defects and fetal growth restriction. In the absence of these, the risk for Edward's Syndrome for this baby is very small.
The definitive test to assess fetal chromosomes is only by invasive testing, which carries a procedure related risk of miscarriage of about 1:300.

Suggested QUADRUPLE MARKER.

Suggested GROWTH SCAN at 28 to 30 weeks.

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

Dr. L. KALPANA REDDY MBBS DNB (OBG) FMF (UK)
FETAL MEDICINE CONSULTANT

Dr. KALPANA REDDY, L

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