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 Sterilization & Family Planning

LH-A-008083

Date : 28-Mar-2023

Name :	MRS. PALLAVI BAGDE	Age/Sex :	35 Years / Female
Address :	Raipink City Kolar	Mobile No.:	8459048431

BP - 115/63 mmHg
Pulse - 104 b/m
SpO2 - 98%
Tem. - 97.2°F
wt. - 78.4kg

Signature

In Emergency Call : 9425005377

Email id : poojadr2003@gmail.com

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

Lotus Hospital

First T

30 MAR 2023

Rx

BP- 99/57
Pulse-106 b/m
Temp-97.5°F
SPO2- 98%
Wt-77.3 Kg

- Tab Thyronorm 125 mg OD E/S
- Tab Dolo [illegible] mg
- Tab Livogen 1 OD
- Cap Becobate 1 OD
- 2 tsp [illegible] Syp [illegible] 1 tsp BD [illegible]
- Tab Ecosprin 75 mg OD

15 d

Adv [illegible]

Rev [illegible]

TSH

R

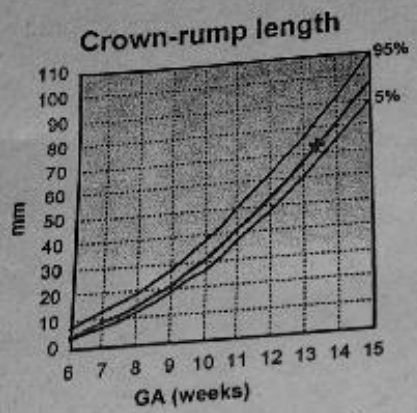
First Trimester Screening Report

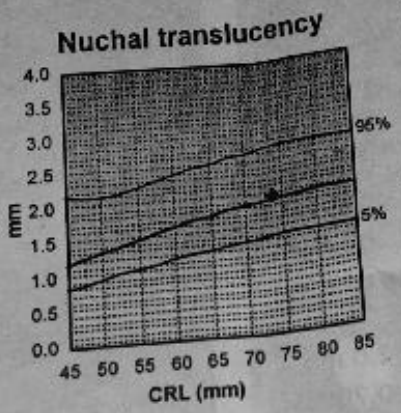
Preeclampsia before 34 weeks	1: 195
Fetal growth restriction before 37 weeks	**1: 15**

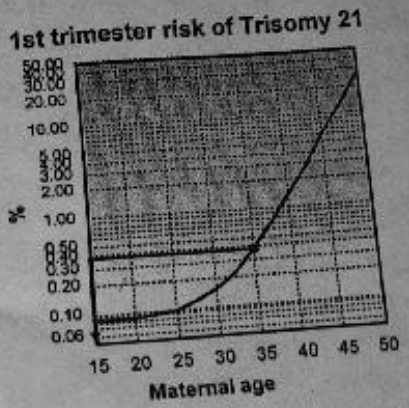
The background risk for aneuploidies is based on maternal age (35 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (fetal nuchal translucency thickness, nasal bone, tricuspid Doppler, ductus venosus Doppler, fetal heart 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).







First Trimester Screening Report

Bagde Pallavi

Date of birth : 01 July 1987, Examination date: 30 March 2023

Address: hno.- D-40 , ralpink city
phase-II , kolar road
BHOPAL
INDIA

Referring doctor: DR. POOJA SHRIVASTAVA (MBBS, MS)

Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 1; Deliveries at or after 37 weeks: 1.
Maternal weight: 78.4 kg; Height: 151.0 cm.
Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: don't know; Antiphospholipid syndrome: don't know; Preeclampsia in previous pregnancy: no; **Previous small baby: yes**; Patient's mother had preeclampsia: no.
Method of conception: Spontaneous;
Last period: 26 December 2022 EDD by dates: 02 October 2023

First Trimester Ultrasound:

US machine: voluson S8. Visualisation: good.
Gestational age: **13 weeks + 3 days** from dates EDD by scan: 02 October 2023

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	164 bpm
Crown-rump length (CRL)	73.6 mm
Nuchal translucency (NT)	2.0 mm
Ductus Venosus PI	0.700
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.

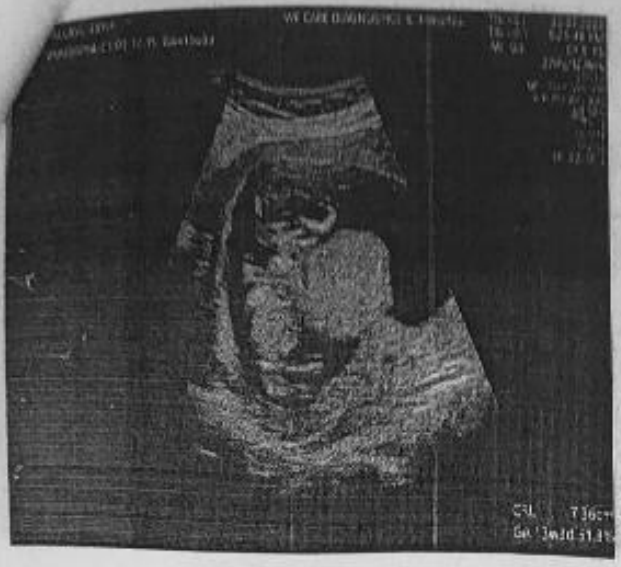
Uterine artery PI:	3.09	equivalent to 2.080 MoM
Mean Arterial Pressure:	76.1 mmHg	equivalent to 0.870 MoM
Endocervical length:	33.1 mm	

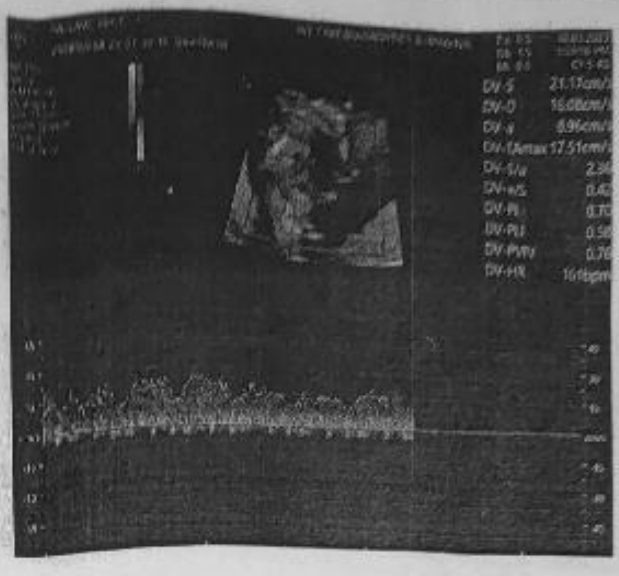
Risks / Counselling:

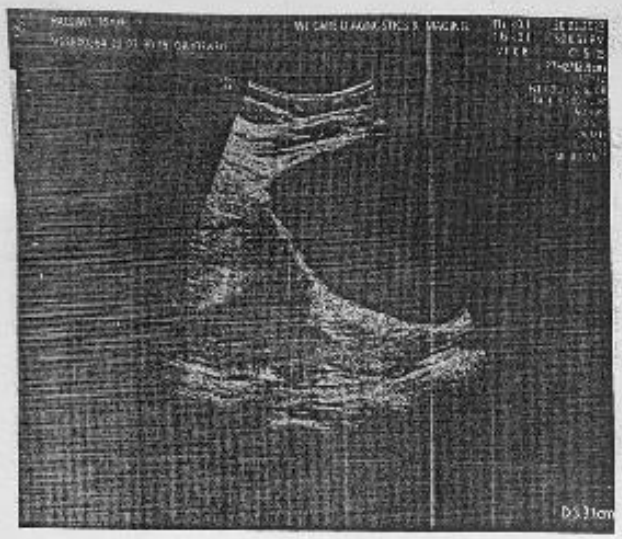
Patient counselled and consent given.

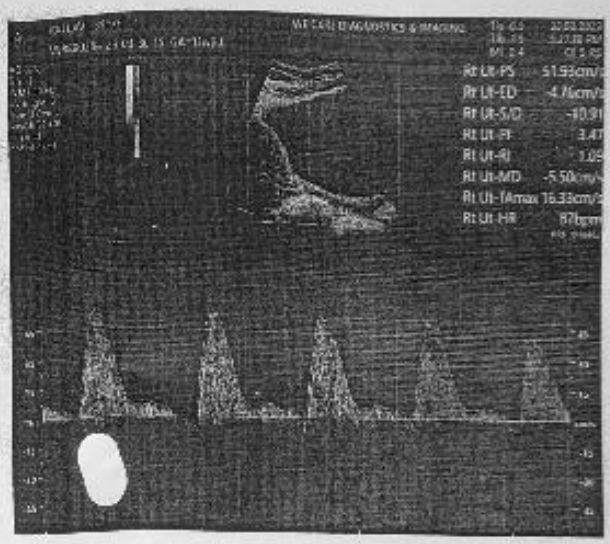
Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

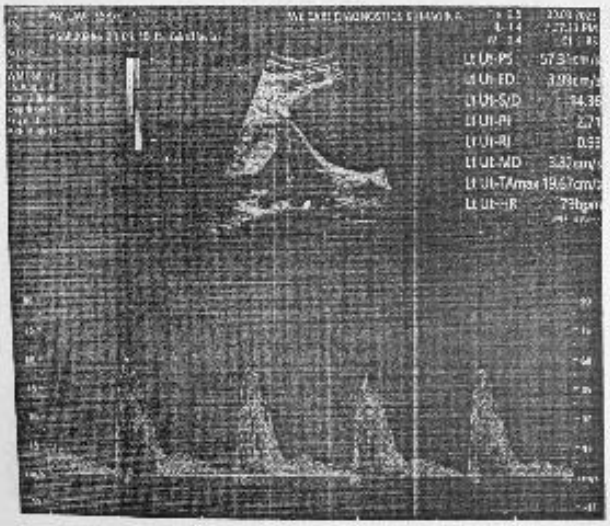
Condition	*Background risk*	*Adjusted risk*
Trisomy 21	1: 239	1: 4779
Trisomy 18	1: 610	1: 12201
Trisomy 13	1: 1906	<1: 20000

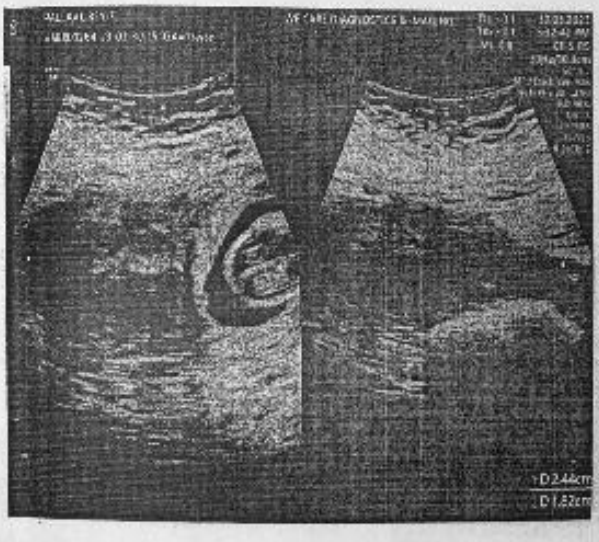












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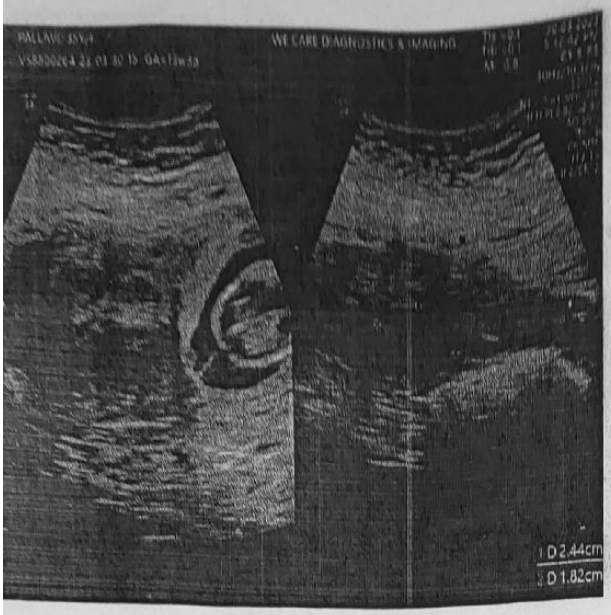

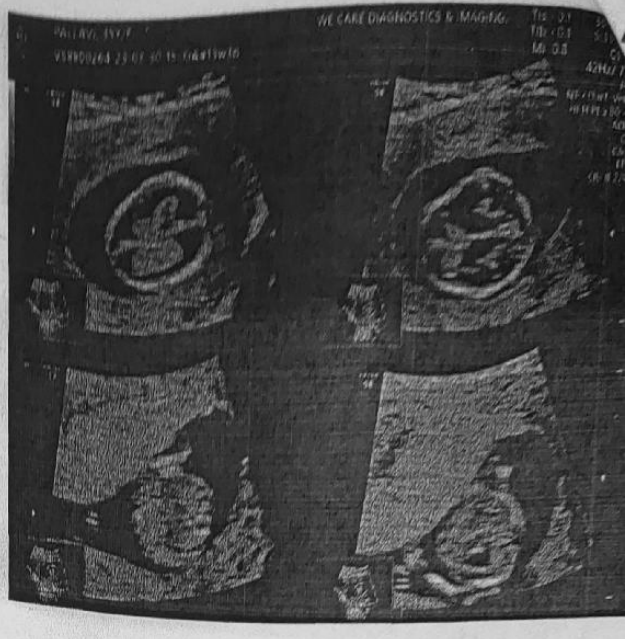

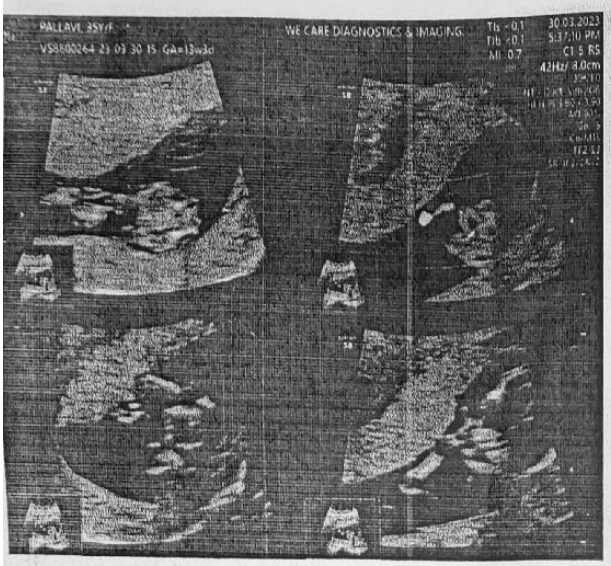

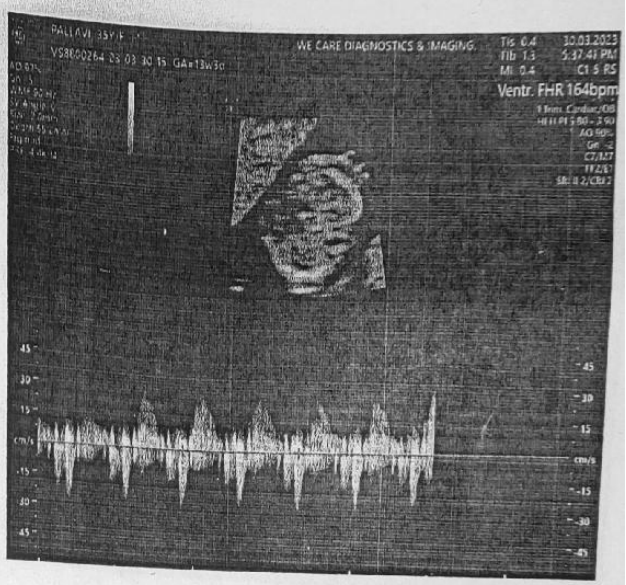

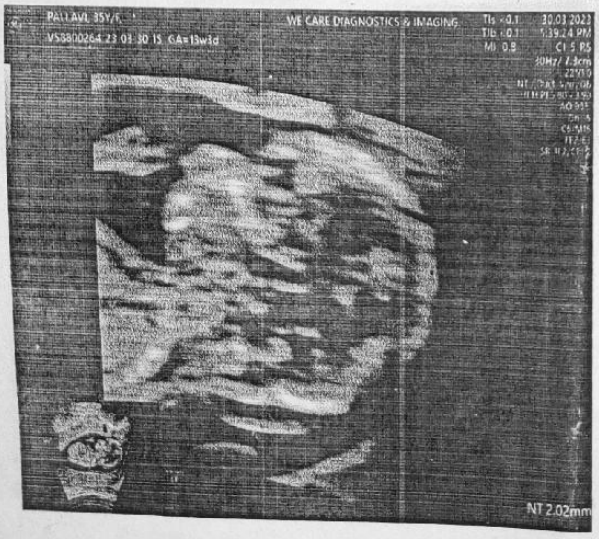

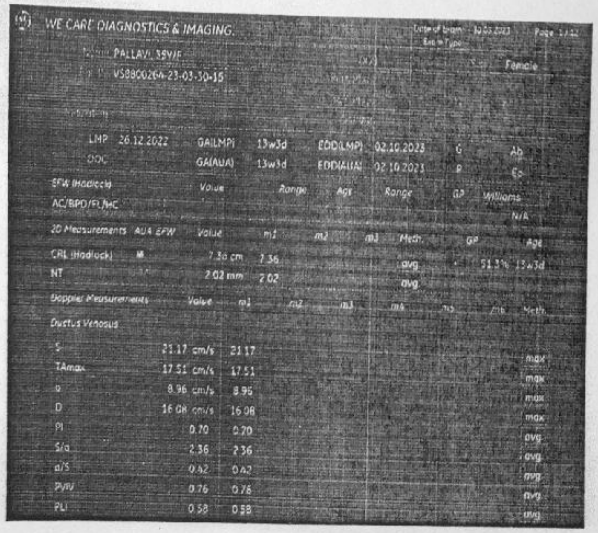

DR. ANKITA VIJAYVARGIYA
MBBS, DMRD
Reg. No. MP-8932
FORMER RADIOLOGIST AT:
- FORTIS HOSPITAL, NOIDA
- G.T.B HOSPITAL, DELHI
- REGENCY HOSPITAL LTD, KANPUR
- JAWAHAR LAL NEHRU CANCER HOSPITAL, BHOPAL

We Care
DIAGNOSTICS & IMAGING

FMF CERTIFIED FROM FETAL MEDICINE FOUNDATION
- FOR NT/NB SCAN
- FOR PRE - ECLAMPSIA SCREENING

MRI FELLOWSHIPS :
- NANAVATI HOSPITAL, MUMBAI
- HINDUJA HOSPITAL, MUMBAI

PATIENT'S NAME : MRS. PALLAVI BAGDE AGE/SEX : 35 Y/F

REF. BY : DR. POOJA SHRIVASTAVA (MBBS, MS) DATE : 30.03.2023

OBSTETRIC USG (EARLY ANOMALY SCAN) WITH PRE-ECLAMPSIA SCREENING

LMP: 26.12.2022 GA (LMP) : 13wk 3d EDD : 02.10.2023

- Single live fetus seen in the intrauterine cavity in **variable** presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 164 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 2.0 mm (WNL).**
- **Ductus venosus shows normal spectrum with positive "a" wave (PI ~ 0.70) .**

FETAL GROWTH PARAMETERS

CRL	73.6	mm	~	13	wks	3 days of gestation.

- Estimated gestational age is **13 weeks 3 days** (+/- 1 week). **EDD by USG :** 02.10.2023
- Internal os closed. Cervical length is WNL (33.1 mm).
- **Baseline screening of both uterine arteries was done & reveals mean PI of ~ 3.09 (high for gestation) , suggest increased chances for PIH / pre-eclampsia .**
- **Few heterogeneously hypoechoic solid lesions are seen in body walls , largest ~ 24.4 x 18.2 mm in right lateral body wall – intramural fibroids .**
- Date of Last Delivery 04.09.2019
- Gestation at delivery of last pregnancy 37 weeks 0 days .

IMPRESSION :

- **Single, live, intrauterine fetus of 13 weeks 3 days +/- 1 week.**
- **Gross fetal morphology is within normal limits .**

Follow up at 19-20 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)