త్రివేణి హాస్పిటల్

TRIVENI HOSPITAL

గ్రీన్‌లాండ్ హాస్పటల్ గేటు ఎదురుగా, డాక్టర్స్ కాలనీ, నల్లగొండ.

Dr. G. TRIVENI
M.B.B.S., M.S.(Obgy.)
Obstetrician & Gynaecologist
Infertility Specialist
Regd. No. 52814

డా॥ జి. త్రివేణి
M.B.B.S., M.S.(Obgy.)
ప్రసూతి మరియు స్త్రీల వ్యాధి నిపుణులు
Regd. No. 52814

Cell: 7569550452, 6302900950

24032393

Pt.'s Name: D. Nagajyothi w/o yadagiri, Pagimulla Age: 24y Sex: F

Date: 19/04/23

Valid Upto: 2/5/23

GPLAD

c 4MA C/A

Wt: 57 kgs
Temp: (N)
PR: 82 mt
BP: 100/70 mm Hg.
Heart: S1 S2 (+)
Lungs: NAD
DOB: 08-05-1998

LMP: 23-01-2023
EDD:
S.EDD:
ML:
Consanguinity Yes/No.
Menstrual Periods: Reg/Irregular

Clo lea
O/E G C: fair
Afe
P/A: cut pilth
soft
P/v: cervix
os

Adv
DM c CA125
2/5/23 SOS

R
1. T. Pantop
1 — 15d
2. T. Tleet DHA
— 1 15d
3. T. Biocal D3
+ 15d
4. Syp Cargyno
1 — 1

T. Ecolpine 15mg
— 1 15d
T. Anangect SR 20cm
1 — 1 15d

MRS NAGAJYOTHI
Date of birth : 08 May 1998, Examination date: 19 April 2023

Address: NALGONDA Hospital no.: KFC9117

Mobile phone: 7569008951

Referring doctor: TRIVENI

Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 0.
Maternal weight: 57.0 kg; Height: 152.0 cm.
Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: no; Antiphospholipid syndrome: no; Patient's mother had preeclampsia: no.
Method of conception: Spontaneous;
Last period: 10 January 2023 EDD by dates: 17 October 2023

First Trimester Ultrasound:

US machine: E 6. Visualisation: good.
Gestational age: **12 weeks + 1 days** from CRL EDD by scan: 31 October 2023

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	**153 bpm**
Crown-rump length (CRL)	55.0 mm
Nuchal translucency (NT)	1.1 mm
Biparietal diameter (BPD)	22.0 mm
Ductus Venosus PI	1.100
Placenta	posterior low
Amniotic fluid	normal

Chromosomal markers:
Nasal bone: present; Tricuspid Doppler: normal.
Fetal anatomy:
Skull/brain: appears normal; Spine: appears normal; Heart: Appears normal; Abdominal wall: appears normal; Stomach: visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible.

Uterine artery PI:	2.75	equivalent to 1.610 MoM
Endocervical length:	31.0 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: Lekkala Kalpana, FMF Id: 173593

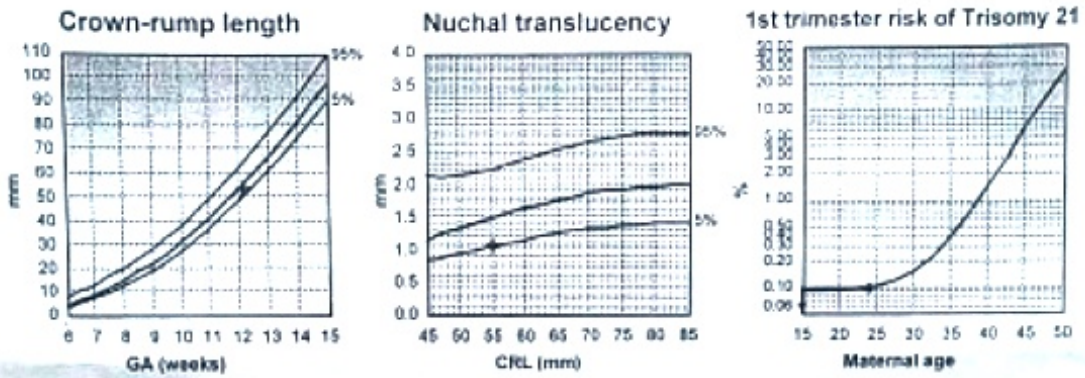
Condition	*Background risk*	*Adjusted risk*
Trisomy 21	1: 949	1: 18984
Trisomy 18	1: 2218	1: 13571
Trisomy 13	1: 6985	<1: 20000
Preeclampsia before 34 weeks		**1: 50**
Fetal growth restriction before 37 weeks		**1: 44**

8-2-71/1/ఎ, గ్రీన్‌లాండ్ హాస్పిటల్ ఎదురుగా, డాక్టర్స్ కాలనీ, వల్లగొండ - 508 001, తెలంగాణ
For Appointment : ✆ +91 8522 856 854 | +91 9704 234 016

The background risk for aneuploidies is based on maternal age (24 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, fetal heart rate).

Risks for preeclampsia and fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history and uterine artery Doppler. 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).



Comments

Single live intra uterine fetus corresponding to 12 weeks 1 day.

Down syndrome screen negative based on NT scan.

Uterine doppler shows high resistance flow.Suggested to Tab Asprin upto 36 weeks.

Corpus luteal cyst measuring 3.8 X 3.8 cms seen in left ovary.

Suggested DOUBLE MARKER.

Suggested TIFFA SCAN at 19 to 20 weeks. (June 7th to 10th)

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

DR.L.KALPANA REDDY
FETAL MEDICINE CONSULTANT

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10:00