15 MAY 2023

BP- 92/60
Pulse- 95 b/m
Wt - 47.7 kg

Inj Pantop

…ble
…orker

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

5/5/23 [illegible], [illegible] [illegible]

[illegible]
1st [illegible]
wt 45.8 kg

[illegible] - 2-3
No [illegible]
Restless [illegible]

Rx

Adv
[illegible]
NT, NB scan
on 13/5/23
15

Tab [illegible] x 10 d

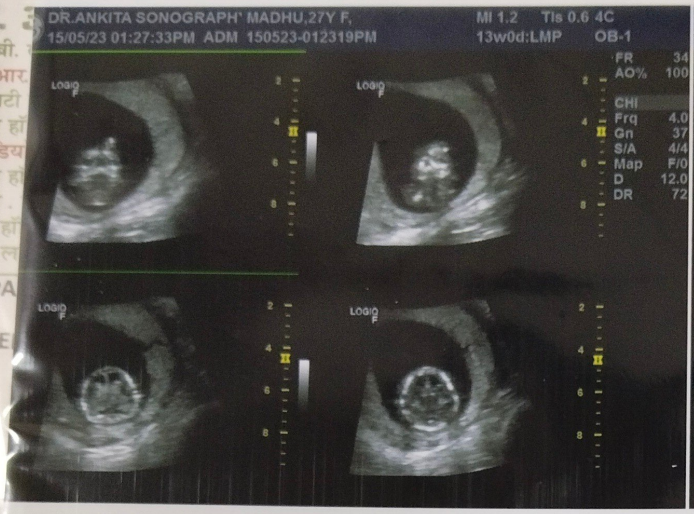
Tab Pan 20 mg [illegible] x 3 days

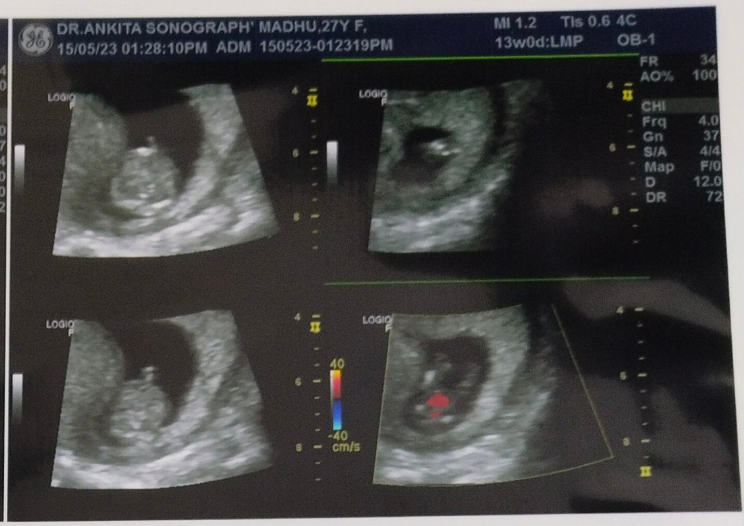
Review [illegible] report

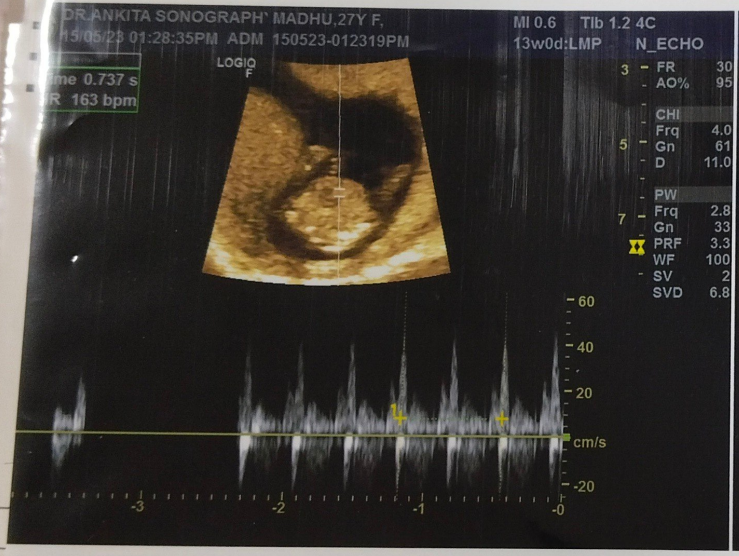
Emergency Call : 9425005377
Email id : poojadr2003@gmail.com

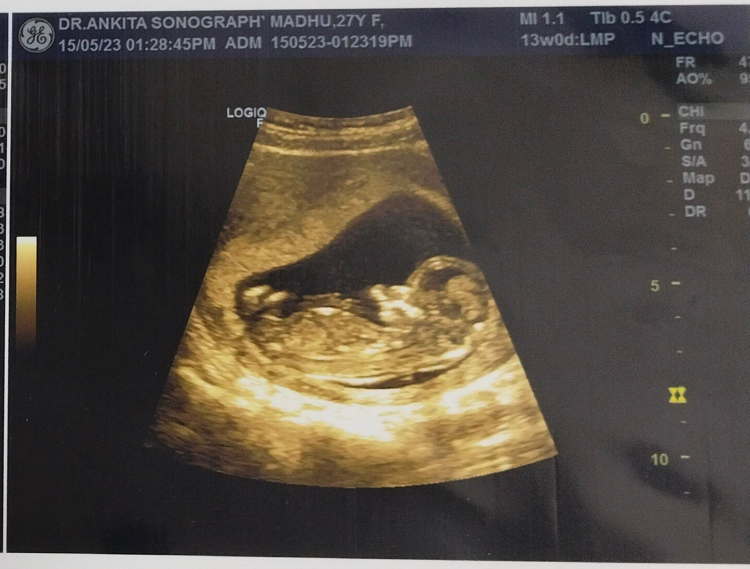
LOTUS HOSPITAL
M-351, Rajharsh Colony, Nayapura, Kolar main road, Bhopal
Ph : 0755-4093322, 6262093322

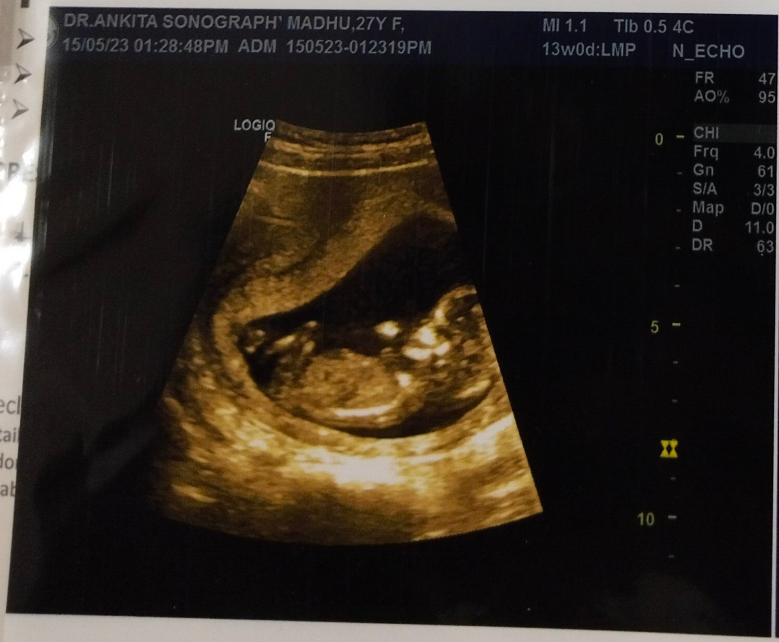
vo T1 5G
y 15, 2023, 13:35

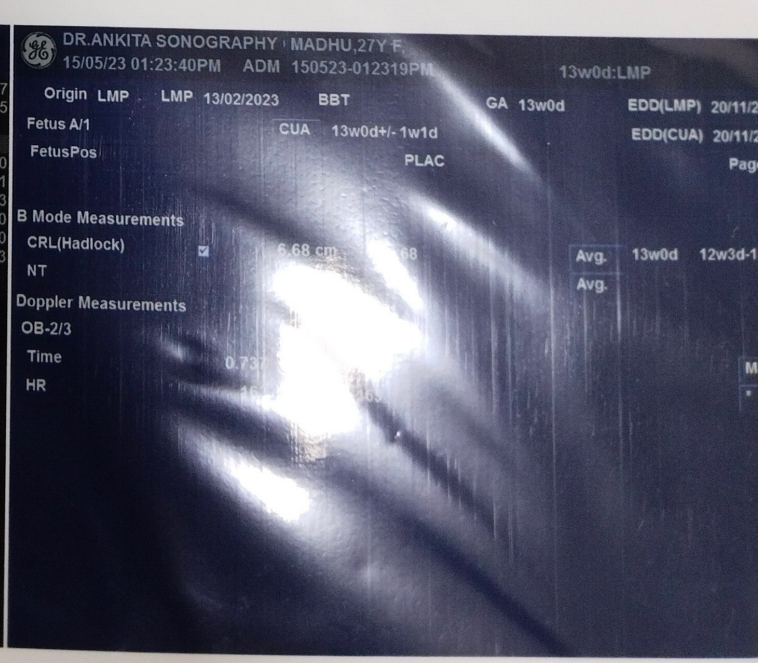


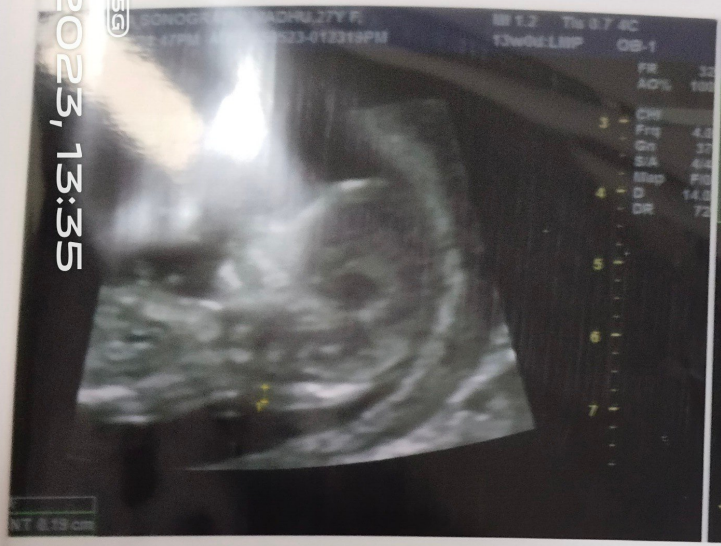


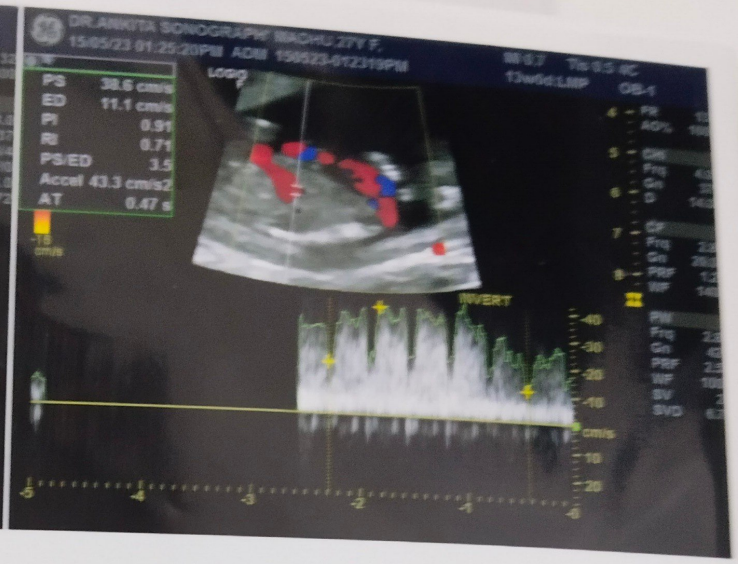


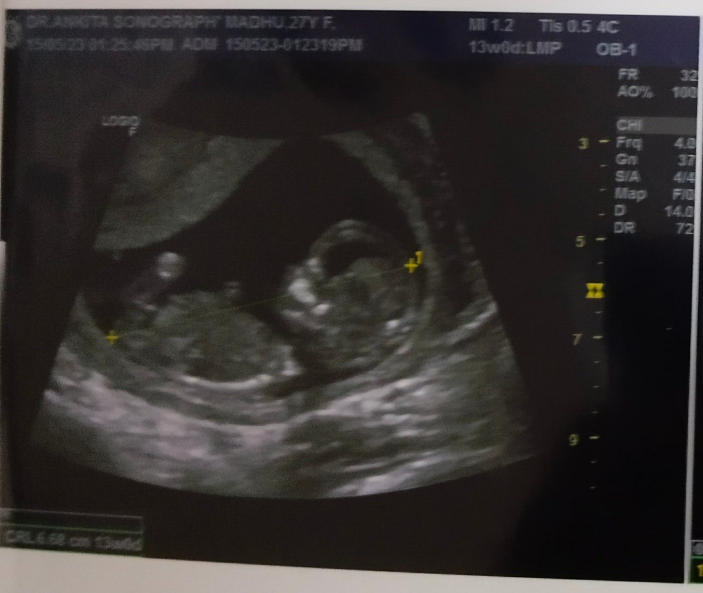


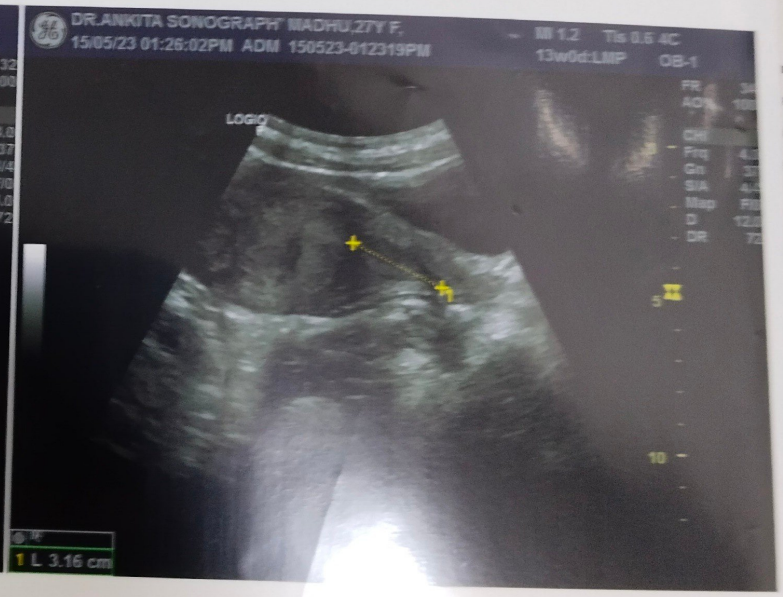


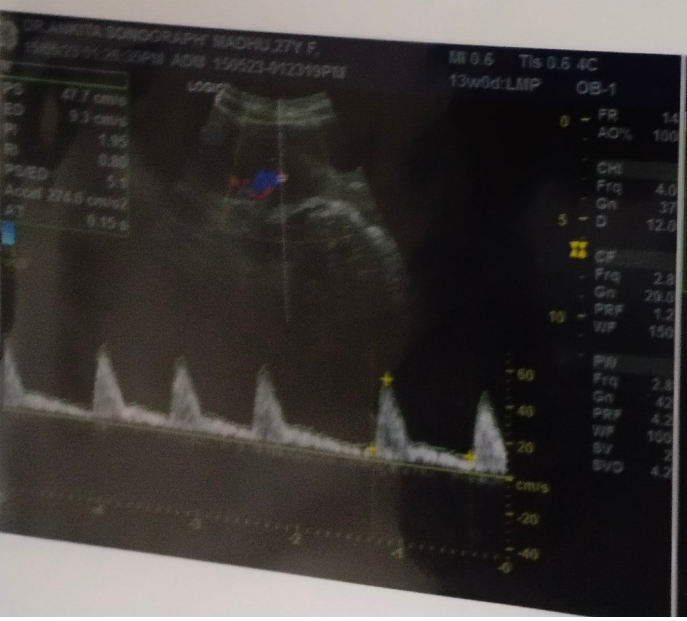


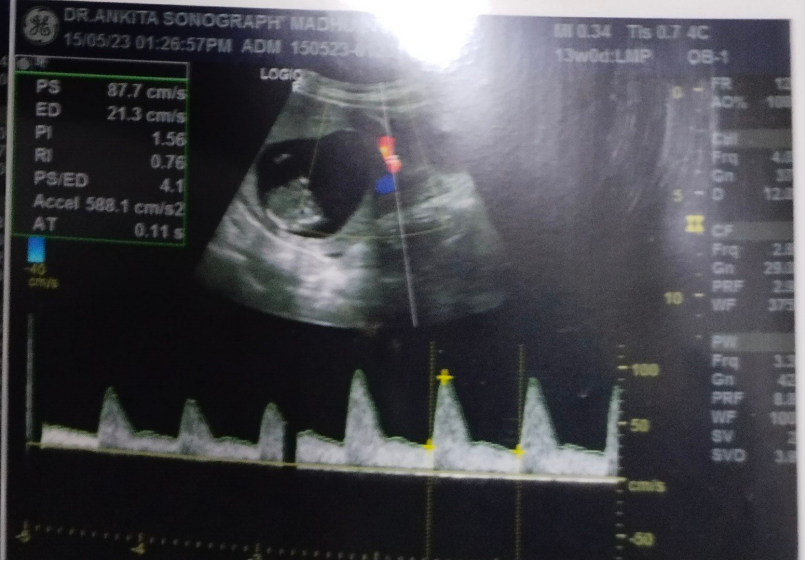












अंकिता विजयवर्गीय
बी. एस., डी. एम. आर. डी
आर. आई. फैलोशिप :
टी हॉस्पिटल, मुंबई
हॉस्पिटल, मुंबई
डियोलाजिस्ट :
हॉस्पिटल, नोएडा
. बी. हॉस्पिटल, दिल्ली
हॉस्पिटल लिमिटेड, कानपुर
लाल नेहरू कैंसर हॉस्पिटल, भोपाल

DR. ANKITA VIJAYVARGIYA
MBBS, DMRD
MRI FELLOWSHIPS :
• NANAVATI HOSPITAL, MUMBAI
• HINDUJA HOSPITAL, MUMBAI
FMF Certified from
Fetal Medicine Foundation
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

PATIENT'S NAME : MRS. MADHU AGE/SEX : 28Y/F

REF. BY : DR. POOJA SHRIVASTAVA (MBBS, MS) DATE : 15.05.2023

OBSTETRIC USG (EARLY ANOMALY SCAN)

LMP: 13.02.2023 GA(LMP):13wk 0d EDD : 20.11.2023

- **Single live fetus** seen in the intrauterine cavity in **variable** presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 163 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.**
- **Both orbits & lens seen. PMT is 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 1.9 mm (WNL).**
- **Ductus venosus shows normal flow & spectrum with positive "a" wave (PI ~ 0.91)**

FETAL GROWTH PARAMETERS

▪ CRL	66.8	mm	~	13	wks	0 days of gestation.

- Estimated gestational age is **13 weeks 0 days** (+/- 1 week). **EDD by USG** : 20.11.2023
- Internal os closed. Cervical length is WNL (31.6 mm).
- ***Baseline screening of both uterine arteries was done with mean PI ~ 1.76 (WNL for gestation).***
- **Date of last delivery 13.04.2019.**
- **Gestation at delivery of last pregnancy 39 weeks 1 days.**

PRESSION:

- **Single, live, intrauterine fetus of 13 weeks 0 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

Bai Madhu
Date of birth : 02 May 1995, Examination date: 15 May 2023

Address: hno. 10, bhojpur
RAISEN
INDIA

Referring doctor: DR. (MS) POOJA SHRIVASTAVA

Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 1; Deliveries at or after 37 weeks: 1.
Maternal weight: 47.0 kg; Height: 165.1 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: 13 February 2023 EDD by dates: 20 November 2023

First Trimester Ultrasound:

US machine: logiq f6. Visualisation: good.
Gestational age: **13 weeks + 0 days** from dates EDD by scan: 20 November 2023

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	163 bpm
Crown-rump length (CRL)	66.8 mm
Nuchal translucency (NT)	1.9 mm
Ductus Venosus PI	0.910
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; both orbits & lens seen . PMT is intact.

Uterine artery PI:	1.76	equivalent to 1.080 MoM
Mean Arterial Pressure:	67.6 mmHg	equivalent to 0.840 MoM
Endocervical length:	31.6 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	*Background risk*	*Adjusted risk*
Trisomy 21	1: 806	1: 16121
Trisomy 18	1: 1996	<1: 20000
Trisomy 13	1: 6254	<1: 20000
Preeclampsia before 34 weeks		<1: 20000

First Trimester Screening Report

Fetal growth restriction before 37 weeks 1: 312

The background risk for aneuploidies is based on maternal age (28 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).