త్రివేణి హాస్పిటల్
TRIVENI HOSPITAL
గ్రీన్‌లాండ్ హాస్పిటల్ 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

Pt.'s Name: mrs prathysha w/o sunil Vill.: pangal Age: 25 Sex: F

Date: 26/04/23

Valid Upto: 10/05/23

GPLAD c 3MA

L : 5808

Temp : (N)

PR : 82/mt

BP : 100/70mmHg

Heart : S1S2 (+)

Lungs : NAD

DOB: 26-08-1996

10/4/23 (59)

- HT + DM

C/o Giddiness
Nausea

O/E GC Fair
Afeb

PA Soft

Nausea

Pt. c/o
...
H Burning

LMP : 15-02-2023

EDD :

S.EDD :

ML :

Consanguinity Yes/No.

Menstrual Periods :
Reg/Irregular

R

1. T. Pause DSR
1 — 15d
2. T. Dydroboon 10m
1 — 1 15d
3. T. Zenthu
— 1 15d
4. T. Treat DHA
— 1 15d

T. Vomikind 10m
1 — 15d

First Trimester Screening Report

MRS PRATHYUSHA

Date of birth : 26 August 1996, Examination date: 10 May 2023

Address: NALGONDA Hospital no.: KFC9381

Mobile phone: 8919230892

Referring doctor: TRIVENI

Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 0.
Maternal weight: 52.0 kg; Height: 154.0 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: 15 February 2023 EDD by dates: 22 November 2023

First Trimester Ultrasound:

US machine: E 6. Visualisation: good.
Gestational age: **12 weeks + 0 days** from dates EDD by scan: 22 November 2023

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	170 bpm
Crown-rump length (CRL)	52.0 mm
Nuchal translucency (NT)	1.4 mm
Biparietal diameter (BPD)	18.0 mm
Ductus Venosus PI	0.300
Placenta	Left lateral anterior posterior.
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: 2.00 equivalent to 1.140 MoM
Endocervical length: 30.0 mm

Risks / Counselling:

Patient counselled and consent given.

Operator: Lekkala Kalpana, FMF Id: 173593

Condition	*Background risk*	*Adjusted risk*
Trisomy 21	1: 856	1: 17118
Trisomy 18	1: 1968	1: 13431
Trisomy 13	1: 6206	<1: 20000

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

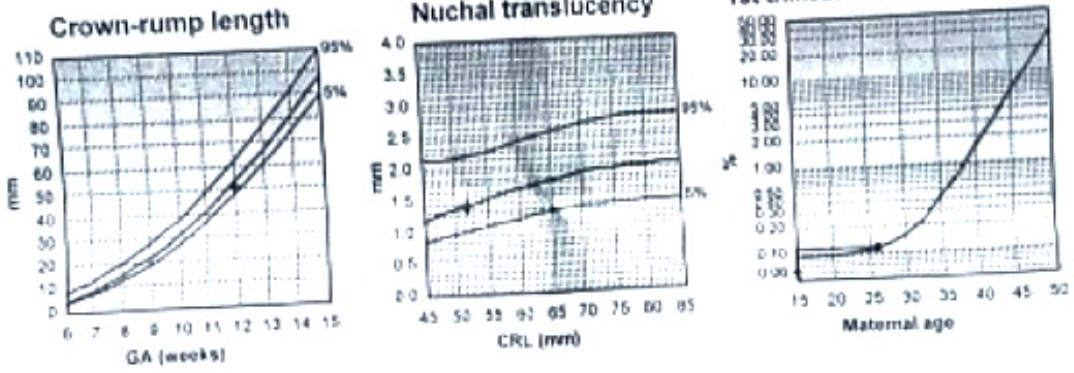
Kalpana Fetal Medicine and Scan Center
Protecting the Precious...

Preeclampsia before 34 weeks 1: 262
Fetal growth restriction before 37 weeks 1: 99

The background risk for aneuploidies is based on maternal age (26 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 6 days.

Down syndrome screen negative based on NT scan.

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

Suggested DOUBLE MARKER.

Suggested TIFFA SCAN at 19 to 20 weeks. (July 5th to 10th)

I,Dr.L.Kalpana reddy,declared that while conducting ultrasonography / imaging scanning on Mrs.PRATHYUSHA,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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