

Maternal / Pregnancy Character

Racial origin: South Asian (Indian, Pakistani, Bangladeshi)

Parity: 0; Spontaneous deliveries between 16-30 weeks

Maternal weight: 65.7 kg; Height: 162.0 cm.

Smoking in this pregnancy: no; Diabetes Mellitus: no

Erythematosis: no; Antiphospholipid syndrome: no

Method of conception: Spontaneous;

Last period: 01 March 2023

Shot on OnePlus 8 x Hasselblad
2023.05.29 11:09

GAWRI IVF CENTRE & NURSING HOME

Dr. PALAK GAWRI

M.D.

Infertility Specialist

Reg. No. CGMC 1296/2008



TIMBER MARKET ROAD, FAFADIH,
RAIPUR - 492001 (C.G.)
Mob. : 98271-44777
email : gawri_nh@rediffmail.com

First Trimester Screening Report

Date :

BRIJWANI DIMPLE

Date of birth : 01 January 1994, Examination date: 27 May 2023

Hospital no.: G 903

Referring doctor: DR GAWRI PALAK

GAWRI NURSING HOME

Address: FAFADIH
RAIPUR

Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).

Parity: 0; Spontaneous deliveries between 16-30 weeks: 0.

Maternal weight: 65.7 kg; Height: 162.0 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: 01 March 2023

EDD by dates: 06 December 2023

First Trimester Ultrasound:

US machine: GE SWIFT. Visualisation: good.

Gestational age: 12 weeks + 0 days from CRL

EDD by scan: 09 December 2023

| | |
|--------------------------|--------------|
| Findings | Alive fetus |
| Fetal heart activity | visualised |
| Fetal heart rate | 169 bpm |
| Crown-rump length (CRL) | 53.4 mm |
| Nuchal translucency (NT) | 1.5 mm |
| Ductus Venosus PI | 1.140 |
| Placenta | anterior low |
| Amniotic fluid | normal |
| Cord | 3 vessels |

Chromosomal markers:

Nasal bone: present; Tricuspid Doppler: normal.

Fetal anatomy:

Skull/brain: appears normal; Spine: appears normal; Abdominal wall: appears normal;
Stomach: visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible.**Uterine artery PI:** 2.74 equivalent to 1.620 MoM**Endocervical length:** 29.0 mm

Risks / Counselling:

Patient counselled and consent given.

BRIJWANI DIMPLE examined on 27 May 2023.

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First Trimester Screening Report

Date :

Operator: Purvi Agrawal, FMF Id: 214359

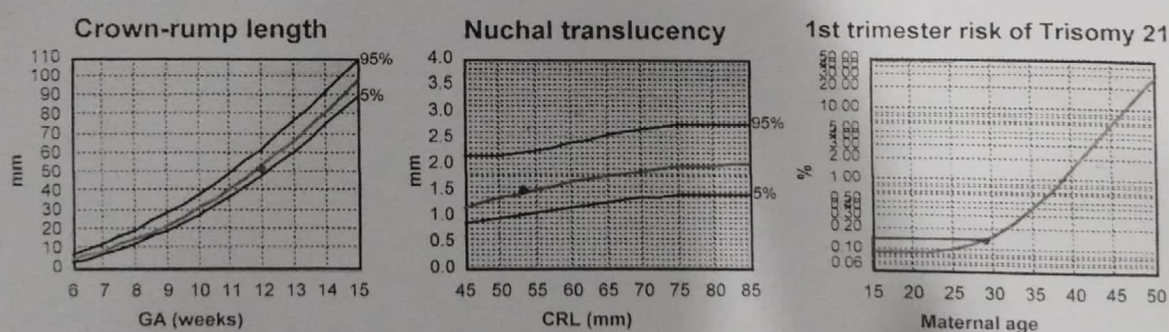
| Condition | Background risk | Adjusted risk |
|------------------------------------------|-----------------|---------------|
| Trisomy 21 | 1: 679 | 1: 13584 |
| Trisomy 18 | 1: 1574 | <1: 20000 |
| Trisomy 13 | 1: 4959 | <1: 20000 |
| Preeclampsia before 34 weeks | | 1: 61 |
| Fetal growth restriction before 37 weeks | | 1: 63 |
| Spontaneous delivery before 34 weeks | | 1: 44 |

The background risk for aneuploidies is based on maternal age (29 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 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 GESTATION

12 WEEKS + 0 DAYS \approx 1 WEEK.
NT, NB, IT WITHIN NORMAL LIMITS.

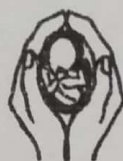
AWRI IVF CENTRE & NURSING HOME

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First Trimester Screening Report

Date :

CERVIX: 2.9 CMS

SCREEN BORDERLINE POSITIVE FOR PRE ECLAMPSIA

EDD AS PER LMP: 06.12.2023

BICORNUATE UTERUS PREGNANCY IN LEFT HORN.

COMMENTS:

- I have explained different screening test, their detection rates and limitations of screening to couple.
- Couple understand that this is risk assessment only and chromosomal abnormalities cannot be diagnosed by ultrasound and or blood test on their own.

Suggested double marker test and review with combined test report.

Please note:

All abnormalities and genetic syndromes cannot be ruled out by ultrasound examination.

Ultrasound examination has its own limitations. Some abnormalities evolve as the gestation advances.

The pickup rate of abnormality depends on gestational age of the fetus, fetal position, tissue penetration of sound waves, and patient's body habitus.

Declaration:

I, Dr. PURVI AGRAWAL, declare that while conducting ultrasonography on **Mrs. DIMPLE BRIJWANI**, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

DR. PURVI AGRAWAL

MBBS, DGO, DNB, FETAL MEDICINE

CG 6950/2016