

# Maternal / Pregnancy Characteristics

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

Parity: 0; Spontaneous deliveries between 16-34 weeks

Maternal weight: 65.7 kg; Height: 162.0 cm.

Smoking in this pregnancy: no; Diabetes Mellitus

Systemic lupus erythematosus: no; Antiphospholipid syndrome: no

Method of conception: Spontaneous;

**Last period:** 01 March 2023

# 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.

2023 BRIJWANI DIMPLE examined on 27 May 2023.

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Date : .....

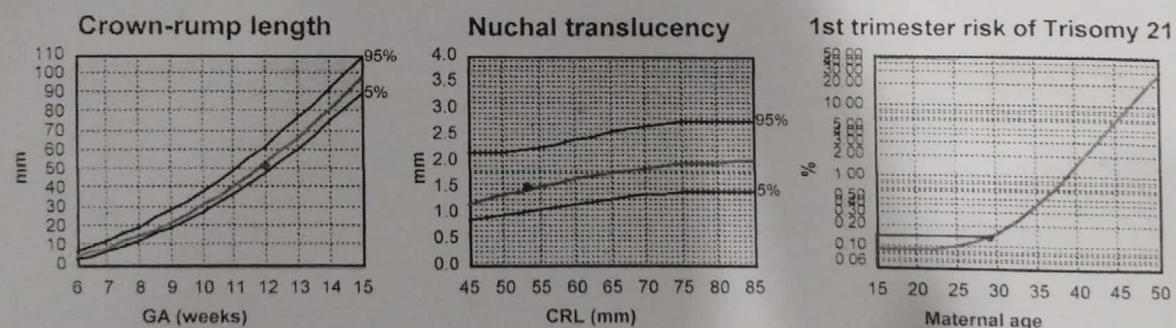
Operator: Purvi Agrawal, FMF Id: 214359

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](http://www.fetalmedicine.com)).



### Comments

SINGLE LIVE INTRA UTERINE GESTATION

12 WEEKS + 0 DAYS =/- 1 WEEK.  
NT, NB, IT WITHIN NORMAL LIMITS.

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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