



త్రివేణి హాస్పిటల్

TRIVENI HOSPITAL



గ్రీన్లాండ్ పబ్లిక్ గేటు ఎదురుగా, డాక్టర్స్ కాలనీ, నల్లగొండ.

Dr. G. TRIVENI

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

సంప్రదింపు పోన్లు:
ప్రైవేట్ డి.గెం. 10-00 నుండి రాత్రి గెం. 7-00 వరకు
అపివారం డి.గెం. 10-00 నుండి మా గెం. 2-00 వరకు

Cell: 7569550452, 6302900950

డా॥ జి. త్రివేణి

M.B.B.S., M.S.(Obgy.)
ప్రమాతి మరియు క్రైల వ్యాధి నిపుణులు
Regd. No. 52814

Pt.'s Name Kalyani w/o Dr. Jay Kumar Nlg Age 18y Sex F

GPLAD

Date: 15/07/23

Wt: 49 kgs

C/O G.C. Pan

Valid Upto: 29/07/25

Temp: 98

Abdom

LMP: 25/3/23

PR: Empty

PREGN -

EDD: 01/01/24

BP: 110/70 mmHg

PIA Soft

S.EDD: 12/01/24

Heart: S1S2

ut palp

ML:

Lungs: NAO

PV: R4c MCF

Consanguinity Yes/No.

Adw

Breast

Menstrual Periods:

SM +

Reg/Irregular

CBP

R
1. T. Panen OSR
1-30d

2. T. Desorange
1-30d

3. T. Coca-Z
+ 30d

4. Sep. R-Zyme
1aw

5. Nutrilite DHA
Omilk
T

T. Ecosprin 150mg
30d
T. Algeton SR
300mg
30d

DOB: 24-03-2005

24/07/23

Kalpana Fetal Medicine and Scan Center

Protecting the Precious...

Examination date: 15 July 2023
Date of birth: 24 March 2004

Address: BALEGONDA

Hospital no.: kfc10254

Mobile phone: 7981052134

Referring doctor: TRIVENI

Maternal / Pregnancy Characteristics:

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

Maternal weight: 42.0 kg; Height: 150.0 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: 25 March 2023

EDD by dates: 30 December 2023

First Trimester Ultrasound:

US machine: E 6. Visualisation: good.

Gestational age: 14 weeks + 1 days from CRL

EDD by scan: 12 January 2024

Findings
Fetal heart activity: 161 bpm
Fetal heart rate: 84.0 mm
Crown-rump length (CRL): 1.1 mm
Nuchal translucency (NT): 27.0 mm
Biparietal diameter (BPD): 0.700
Ductus Venosus P1: anterior low
Placenta: normal
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: 2.30
Endocervical length: 31.0 mm

equivalent to 1,510 MoM

Risks / Counselling:

Patient counselled and consent given.

Operator: Lekkala Kalpana, FMF Id: 173593

Condition
Trisomy 21
Trisomy 18
Trisomy 13
Preeclampsia before 34 weeks
Fetal growth restriction before 37 weeks

Background risk	Adjusted risk
1: 1154	1: 6363
1: 3076	1: 11105
1: 9574	<1: 20000
	1: 91
	1: 31

Kalpana Fetal Medicine and Scan Center

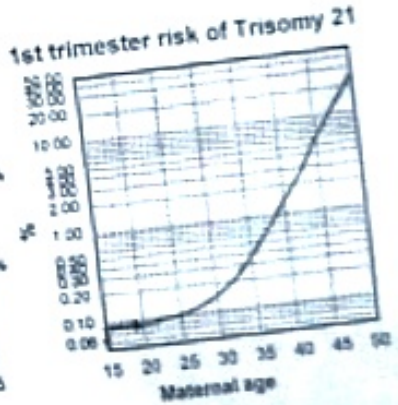
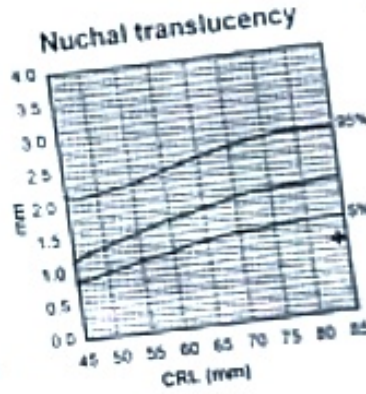
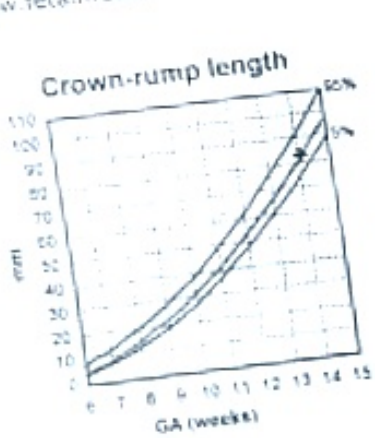
1st trimester Screening Report

Protecting The Precious...

The background risk for aneuploidies is based on maternal age (19 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (1st 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 14 weeks 1 day.

Down syndrome screen negative based on NT scan.

Suggested QUADRUPLE MARKER.

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

Suggested TIFFA SCAN at 19 to 20 weeks. (AUG 19TH TO 23RD)

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

DR. L. KALPANA REDDY
FETAL MEDICINE CONSULTANT