

Dr. Pooja Shrivastava

MBBS

MS (Obstetrics & Gynaecology)

Reg No. MP-4298

Trained in : Gynaecological Endoscopy Laparoscopy & Hysteroscopy. Obstetric & Gynaecological Ultrasonography Laparoscopic Sterilization & Family Planning



- 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



LH-A-008556

Date : 12-Jul-2023

Name : MRS. DEEPTI JAGTAP

Age/Sex : 33 Years / Female

Address : Dk Honey Homes Kolar Road

Mobile No.: 9545284277

B.P - 102/64 mmHg

Pulse - 88 b/min

SpO2 - 99%

wt - 48.2 kg

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*Dr. Pooja Shrivastava  
MS, NB, ICM*

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15 JUL 2023

*330 PM Thyroid scan 25mg 00 y  
4-5 PM 200mg 100mg  
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Signature

In Emergency Call : 9425005377

Email Id : poojadr2003@gmail.com



Lotus Hospital

LOTUS HOSPITAL

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# अकिता विजयवर्गीय

बी. बी. एस., डी. एम. आर. डी.  
न. आर. आई. फेलोशिप :  
नानावटी हॉस्पिटल, मुंबई  
हिंदुजा हॉस्पिटल, मुंबई  
पूर्व रेडियोलॉजिस्ट :  
फोर्टिस हॉस्पिटल, नोएडा  
जी. टी. सी. हॉस्पिटल, दिल्ली  
रीजेंसी हॉस्पिटल लिमिटेड, कानपुर  
जवाहर लाल नेहरू कैंसर हॉस्पिटल, भोपाल

## DR. ANKITA VIJAYVARGIYA MBBS, DMRD

### MRI FELLOWSHIPS :

- NANAVATI HOSPITAL, MUMBAI
- HINDUJA HOSPITAL, MUMBAI

### FORMER RADIOLOGIST AT:

- FORTIS HOSPITAL, NOIDA
- G.T.B HOSPITAL, DELHI
- REGENCY HOSPITAL LTD, KANPUR
- JAWAHAR LAL NEHRU CANCER HOSPITAL, BHOPAL

FMF Certified from  
Fetal Medicine Foundation  
Reg. No. MP-8932

PATIENT'S NAME : MRS. DEEPTI

AGE/SEX : 33 Y/F

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

DATE : 14.07.2023

## OBSTETRIC USG ( EARLY ANOMALY SCAN )

LMP: 13.04.2023

GA(LMP):13wk 1d

EDD : 18.01.2024

- Single live fetus seen in the intrauterine cavity in variable presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 156 beats /min.
- PLACENTA: is grade I, anterior & not low lying. A thin walled anechoic cyst ~ 19.8 x 11.4 is seen in placental substance in left antero lateral mid boly region.
- 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.
- 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 translucency measures 1.8 mm ( WNL ).
- Ductus venosus shows normal flow & spectrum with positive "a" wave ( PI ~ 0.91 )

### FETAL GROWTH PARAMETERS

- |               |          |                      |
|---------------|----------|----------------------|
| ▪ CRL 59.3 mm | ~ 12 wks | 3 days of gestation. |
|---------------|----------|----------------------|

- Estimated gestational age is 12 weeks 3 days (+/- 1 week). EDD by USG : 23.01.2024
- Internal os closed. Cervical length is WNL ( 32.7 mm ).
- Baseline screening of both uterine arteries was done with mean PI ~ 1.88 ( WNL for gestation ).
- Date of last delivery 28.01.2019 .
- Gestation at delivery of last pregnancy 39 weeks 2 days.

### IMPRESSION:

- ✚ Single, live, intrauterine fetus of 12 weeks 3 days +/- 1 week.
- ✚ Gross fetal morphology is within normal limits.
- ✚ Cystic lesion in placental substance - likely benign.

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 counselled about the capabilities & limitations of this examination. )

( DR. ANKITA VIJAYVARGIYA )

# First Trimester Screening Report

JAGTAP DEEPTI

Date of birth : 08 March 1989, Examination date: 14 July 2023

Address: HNO, FLAT NO 405 DK HONEY  
HOMES BRIDGE TOWER  
KOLAR ROAD BHOPAL  
Bhopal  
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: 48.0 kg; Height: 149.9 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: dont know.

Method of conception: Spontaneous;

Last period: 13 April 2023

EDD by dates: 18 January 2024

## First Trimester Ultrasound:

US machine: logiq f6. Visualisation: good.

Gestational age: 12 weeks + 3 days from CRL

EDD by scan: 23 January 2024

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	156 bpm
Crown-rump length (CRL)	59.3 mm
Nuchal translucency (NT)	1.8 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:	1.88	equivalent to 1.110 MoM
Mean Arterial Pressure:	74.4 mmHg	equivalent to 0.920 MoM
Endocervical length:	32.7 mm	

## Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 312	1: 6239
Trisomy 18	1: 745	1: 14901



## First Trimester Screening Report

Trisomy 13

1: 2342

<1: 20000

Preeclampsia before 34 weeks

1: 3473

Fetal growth restriction before 37 weeks

1: 166

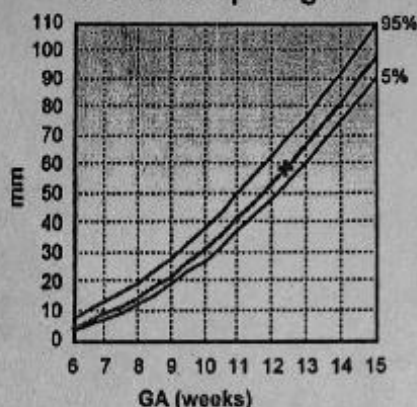
The background risk for aneuploidies is based on maternal age (34 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (fetal nuchal translucency thickness, nasal bone, tricuspid Doppler, ductus venosus Doppler, fetal heart 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).

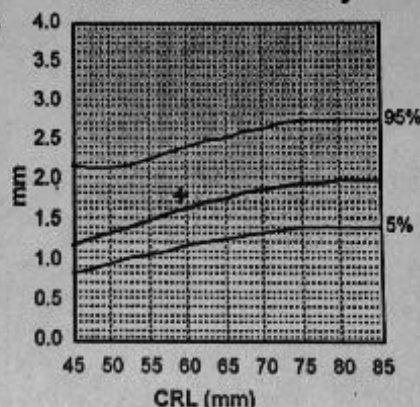
All biophysical markers are corrected as necessary according to several maternal characteristics including racial origin, weight, height, smoking, method of conception and parity.

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

Crown-rump length



Nuchal translucency



1st trimester risk of Trisomy 21

