



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

సంప్రదించు విధులు :
ప్రసవోపాదానం గం. 10-00 నుండి రాత్రి గం. 7-00 వరకు
అధివాతం ఉప. గం. 10-00 నుండి మొ. గం. 2-00 వరకు

Cell: 7569550452, 6302900950

24440435

డా॥ జి. త్రివేణి

M.B.B.S., M.S.(Obgy.)

ప్రసూతి మరియు స్త్రీల వ్యాధి నిపుణులు

Regd. No. 52814

Pl.'s Name Smt' Vasumathi Indrashekhara Peddaburam Age 23 Sex F

GPLAD

E 34A

Date: 17/7/23

Valid Upto 31/7/23

Wt : 55 kg

mp : 98.6

PR : 82 mt

BP : 100/70 mm/Hg

Heart : S1S2 ⊕

Lungs : NAD

DOB: 04-8-1999

28/7/23

NT+DPM

no Nausea

OIEGC: Fair

Absent

PA - Soft

Noles

LMP : 26/04/23

EDD : 01/02/24

S.EDD : 31/01/24

ML :

Consanguinity Yes/No.

Menstrual Periods :

Reg/Irregular

T. Escorpin 150

T. Dydrogald 1150

T. Algelein 150

T. Sonikind 100

Supp clemaffin 200 HS

R

1. T. Parin D

150

2. T. Treed HA

150

3. To Zempu

HS

HS

Kalpana

First Trimester Screening Report

Medicine and Scan Center

Protecting the Precious...

Mrs Vasumathi

Date of birth : 04 August 1999, Examination date: 28 July 2023

Address: pedhapuram
NALGONDA

Hospital no.: kfc10081

Mobile phone: 8639086478

Referring doctor: TRIVENI

Maternal / Pregnancy Characteristics:

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

Parity: 0.

Maternal weight: 55.0 kg; Height: 152.0 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: 26 April 2023

EDD by dates: 31 January 2024

First Trimester Ultrasound:

US machine: E 6. Visualisation: good.

Gestational age: 13 weeks + 2 days from dates

EDD by scan: 31 January 2024

Findings

Fetal heart activity

Alive fetus

visualised

Fetal heart rate

157 bpm

Crown-rump length (CRL)

78.0 mm

Nuchal translucency (NT)

1.7 mm

Biparietal diameter (BPD)

24.0 mm

Ductus Venosus P1

0.700

Placenta

anterior (low)

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:

2.10

equivalent to 1.390 MoM

Endocervical length:

34.0 mm

Risks / Counselling:

Patient counselled and consent given.

Operator: Lekkala Kalpana, FMF Id: 173593

Condition

Background risk

Adjusted risk

Trisomy 21

1: 1041

1: 6676

Trisomy 18

1: 2708

1: 10225

Trisomy 13

1: 8448

<1: 20000

Preeclampsia before 34 weeks

1: 102

Page 1 of 2 printed on 28 July 2023 Mrs Vasumathi examined on 28 July 2023.

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...

1: 64

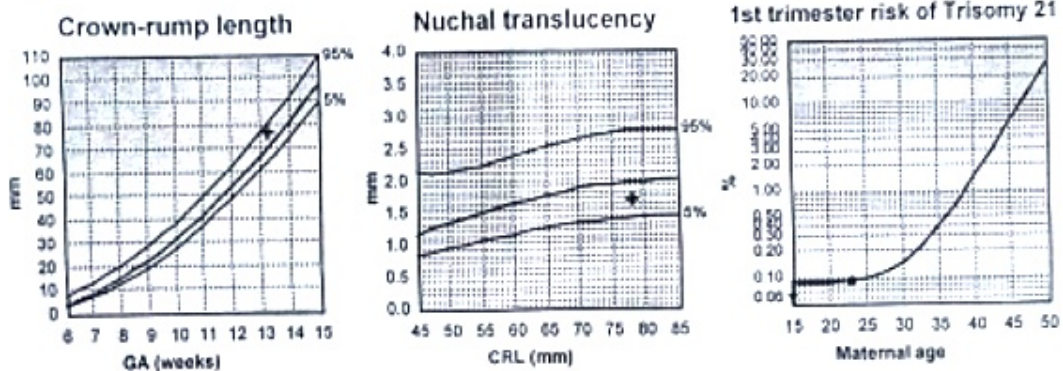
Fetal growth restriction before 37 weeks

The background risk for aneuploidies is based on maternal age (23 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 13 weeks 2 days.

Down syndrome screen negative based on NT scan.

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

Suggested DOUBLE MARKER.

Suggested TIFFA SCAN at 19 to 20 weeks. (SEP 8TH TO 13TH)

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