

Sanya**KAROND IMAGING CENTER**

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Education (/education/the-11-13-weeks-scan) ▾ Calculators (/research/assess/preeclampsia) ▾

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Risk assessment**Risk for preeclampsia**

Report date 19-07-2023
 Examination date 19-07-2023
 Gestational age 12⁺³ weeks

1675C0EBA56CBA

Maternal characteristics

Age in years 22.9
 Height in cm 167
 Weight in kg 55
 Racial origin South Asian
 Smoking during pregnancy No
 Family history of preeclampsia No
 Method of conception Spontaneous
 Singleton or twins Singleton

Medical history

Chronic hypertension No
 Diabetes type I No
 Diabetes type II No
 Systemic lupus erythematosus No
 Anti-phospholipid syndrome No

Obstetric history

Parity Nulliparous

Biophysical measurements

Mean arterial pressure 83 mmHg (1.005 MoM)
 Uterine artery PI 2.7 (1.534 MoM)
 Measurement date 19-07-2023

Hijit Patil, MD | Dr. Chandra Prakash, MD, FICR | Dr. Laxman, MD, DNB | Dr. S. K. Raghuwan
 Krishak Nagar, Near Central Bank, Karond, Bhopal

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port represents only an opinion and not the final diagnosis. In case of unexpected result kindly contact wit
 All reports should be correlate clinically. Not valid for medico-legal purpose

almedicins.org/research/assess/preeclampsia/First

11:50 AM

Pre-eclampsia risk from history only

< 37 weeks: 1 in 185

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Pre-eclampsia risk from history plus MAP, UTPI

< 37 weeks: 1 in 114

Recommendation

The risk of pre-eclampsia was assessed by a combination of maternal characteristics and medical history with measurements of blood pressure and blood flow to the uterus.

On the basis of this assessment the patient has been classified as being at increased risk for developing PE before 37 weeks. The ASPRE trial has shown that in such women use of low dose aspirin (150mg/night) from now until 36 weeks reduces the incidence of PE before 32 weeks by about 90% and PE before 37 weeks by 60%. For more information click here (<http://www.nejm.org/doi/full/10.1056/NEJMoa1704559>).

This software is based on research carried out by The Fetal Medicine Foundation. Neither the FMF nor any other party involved in the development of this software shall be held liable for results produced using data from unconfirmed sources. Clinical risk assessment requires that the ultrasound and biochemical measurements are taken and analyzed by accredited practitioners and laboratories.

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in Fetal Medicine (<https://fetalmedicine.org/courses-n-congress/fmf-world-congress>)

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Barcelona, Spain

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Online registration is closed

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Sanya

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PT.NAME: MRS RAKHI	AGE/SEX: 23Y/F
REF. BY DR/HOSP: DR SONALI MITTAL	DATE: 19/07/2023

IMPRESSION: USG OBSTETRICS STUDY REVEALS:

- A single live early intrauterine fetus of Gestational age 12 Weeks 4 days at the time of study
- NT measuring 0.69mm and NB measuring 2.03 mm.
- Mean Uterine artery P.I. is raised(Risk assessment chart for pre-eclampsia attached)

Declaration of Doctor /Conducting Ultrasonography

I Dr. S.K RAGHUWANSHI declare that while conducting Ultrasonography of Mrs. RAKHI, I have neither detected nor disclosed the sex of her fetus to any body in any manner.

DR.S.K RAGHUWANSHI(MD)
CONSULTANT RADIOLOGIST

Reg. No. MP-9457

FMB Certified for NB Scan (FMB ID=224911)

Reg. No. MP-9457

Note:- Adv. - anomaly scan at 19-21 weeks. This is not a true congenital anomaly scan.

Dr. Chandra Prakash, MD, FICR | Dr. Laxman, MD, DNB | Dr. S. K. Raghuwanshi, MD

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PT.NAME: MRS RAKHI

AGE/SEX: 23Y/F

REF. BY DR/HOSP: DR SONALI MITTAL

DATE: 19/07/2023

EARLY OBSTETRICAL STUDY

LMP: 21/04/2023

GA By LMP: 12 Weeks 5 days

- Evidence of single live, intra uterine gestation is seen at time of study.
- Fetal cardiac activity is present.

OBSTETRICAL PARAMETERS

CRL	60MM	12Weeks	4 Days	+ 7 Days

GA BY USG : 12 Weeks 4 Day

EDD BY USG : 27/01/2024

DECIDUAL REACTION : Optimum. No e/o retrodecidual collection noted at the time of scan.

Placenta developing anteriorly

FHR : 166 BPM and regular.

LIQUOR : Adequate for gestational age

NT : Measuring , 0.69mm

NB : Measuring , 2.03mm

- Anterior wall appears normal. Insertion of cord seen normal
- All the Four limbs are visualised
- Visualised Brain appears normal
- Internal OS closed. Cervical length = 2.6cm
- B/L Adnexa of maternal pelvis appears normal

UTERINE ARTERIES:

- B/L uterine arteries show normal spectral pattern , PSV, S/D ratio, P.I. , and R.I.
- Ductus Venosus shows normal PSV and positive 'a' wave
- No e/o early diastolic notching seen on either side.

Measurements:

Rt uterine artery: PSV=136cm/s, P.I.=2.96

Lt uterine artery: PSV=131cm/s, P.I.=2.35,

Mean Uterine artery P.I.=2.65

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- **समाजशास्त्र** : इतिहास, आर्थिक, सामाजिक, सांस्कृतिक
- **संस्कृत** : साहित्य, इतिहास, व्याकरण, भाषाशास्त्र
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- **संस्कृत** : साहित्य, इतिहास, व्याकरण, भाषाशास्त्र

Instructions: किसी भी दवाई या बीमारी सम्बंधित समस्या के समाधान के लिए फोन करने की अग्रणी क्रिया में आ कर मिलें। आर्यविद्या में दान के लिए आयु क्रिया में आर्य, क्रिया में आने से पहले, कृपा फोन पर अपना नंबर लिखना सुनिश्चित करें। दवाई/बीमारी क्या से ले कर दावा नहीं खाते, इसका आम प्रतिकूल प्रभाव पड़ सकता है। "कोविड" अभी दवा नहीं है, संकेत आसक्त है।

Printgravidia E 3 mts grmms
NO complaints

LM9 - 21/04/23
Σ00 - 28/01/24.

Taken 2 doses
of covid.
Vaccine.

no H/o of any major medical
Surgical illness in past
married. 112 year

Bp - 110/70.

but. 554.

P/A - W. 12-14 W/L
ER(P)

प्रतिक्रियाशील रक्तर्वा के बिना कोई भी दवा
अपने आप शुरू का बंद न करें। दवाओं से एलर्जी
होने का इस तालु बंद कोई एप डॉक्टर से सम्पर्क करें।
PLEASE DO NOT CONTINUE / REPEAT
MEDICATIONS ON YOUR OWN WITHOUT
CONSULTING TREATING DOCTOR. IN CASE
OF DRUG ALLERGY STOP MEDICINES AND
CONTACT YOUR DOCTOR.

* Please take care to bring old Prescription and investigations.

* Subjected to Disposal jurisdiction only

Above mentioned are suggested drugs names. Not binding to the patient in any way. Doctor is not responsible for quality, efficacy of generic supplies.

अनुविधा से खाने के लिए
अप्रीटिवेट सेवा अनिवार्य है।
अप्रीटिवेट के लिए सूचा 11 में दते तक समय के
FOR APPOINTMENT CONTACT
9589344227, 9589057227
अनुविधा - अनुविधा

पता : 2/1, अवन्तिका परिसर, नयापुरा, गुफा मन्दिर रोड, स्नालघाटी, भोपाल (म.प्र.)

Adv
NT/UB (USG) obs
Sonography

- Double
Maines.

- CBC

- BT CT

- Blood group

- HbV

- HBSA

- VDRL

- RBS

- TSH/FT3 FT4

- Urine

22.7.23

USG abdomen

Primi E 3 mths
40 pain in abdomen
morning

Bp-100/70

wt - 54.8 kg

Plt - wt 213 w/m

ER (+)

Plu. OS

Closed

breasts

Th. P. 5 months 75

20 mth 4

Th. AilOS

day

Page No. _____ Date _____

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P-8821 | Mrs. Rakhi Dangi 23/F
Karond Bhopal Madhya Pradesh

Ph: 7999057447

Comorbidity:

Date : 18/07/2024

Instructions: किसी भी दवाई या बीमारी सम्बंधित समस्या के समाधान के लिए फोन करने की अपेक्षा क्लिनिक में आ कर मिलें। असुविधा होने पर दवा तुरंत बंद करें एवं डॉक्टर से सम्पर्क करें। दवाईयां स्वयं से ले कर दोबारा नहीं।
Addiction(s):
Allergy(s):
Issues:

Observations

Printed on 21/04/23
No complaints

Urg - 21/04/23

EOO - 28/01/24.

Taken 2
of 100

NO H/O of any major medical
similar illness in past
married 11/2 year

Bp - 110/70.

wt - 55 kg.

PlA - W. 12-14 W/L
ER (P)

विकसकीय परामर्श के बिना कोई भी दवाई
अपने आप शुरू या बंद न करें। दवाओं से एलर्जी
होने पर दवा तुरंत बंद करें एवं डॉक्टर से सम्पर्क करें।
PLEASE DO NOT CONTINUE / REPEAT
MEDICATIONS ON YOUR OWN WITHOUT
CONSULTING TREATING DOCTOR. IN CASE
OF DANGER, STOP MEDICINES AND
CONTACT DOCTOR

• केवल 7 दिन अथवा 1 विजिट के लिए मान्य।
Valid for 7 days/ One visit only.
• पुराने प्रिस्क्रिप्शन एवं जाँच अवश्य लेकर आएं।
Please make sure to bring old Prescription and
investigations.
• Subjected to Bhopal jurisdiction only.
Above mentioned are suggested drugs names not a
binding to the patient in any way. Doctor is not
responsible for quality, efficacy of generic supplies.

असुविधा से बच
अपॉइंटमेंट लेना सु
अपॉइंटमेंट के लिए मुफ्त 11 से
FOR APPOINTMENT
9589344227, 9
रविवार अ

पता : 2/1, अवन्तिका परिसर, नयापुरा, गुफा मन्दिर रोड, लालघाटी, भोपाल (म.प्र.)