

डॉ. अंकिता विजयवर्गीय

एम. बी. बी. एस., डॉ. एम. आर. डी

एम. आर. आई. फैलोशिप :

नानावटी हास्पिटल, मुंबई

हंडुजा हास्पिटल, मुंबई

वृंदावन हास्पिटल, नोएडा

फॉर्टिस हास्पिटल, दिल्ली

जैसी हास्पिटल लिमिटेड, कानपुर

वाहर लाल नेहरू केंसर हास्पिटल, भोपाल

PATIENT'S NAME: MRS. AARTI

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

AGE/SEX : 26Y/F

DATE : 27.07.2023

OBSTETRIC USG (EARLY ANOMALY SCAN)

LMP: 07.05.2023

GA(LMP): 11wk 4d

EDD : 11.02.2024

- Single live fetus seen in the intrauterine cavity in variable presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 169 beats /min.
- PLACENTA: is grade I, posterior placenta with lower edge completely covering the os.
- 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.
- Both orbits & lens seen. PMT is 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 1.4 mm (WNL).
- Ductus venosus shows normal flow & spectrum with positive "a" wave (PI ~ 0.80)

FETAL GROWTH PARAMETERS

CRL	49.9	mm	~	11	wks	5 days of gestation.
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- Estimated gestational age is 11 weeks 5 days (+/- 1 week). EDD by USG : 10.02.2024
- Internal os closed. Cervical length is WNL (33.9 mm).
- Baseline screening of both uterine arteries was done with mean PI ~ 1.54 (WNL for gestation).

IMPRESSION:

- Single, live, intrauterine fetus of 11 weeks 5 days +/- 1 week.
- Gross fetal morphology is within normal limits.
- Low lying placenta with lower edge completely covering the os

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

Malviya Aarti

Date of birth : 05 March 1996, Examination date: 27 July 2023

Address: hno. 107 jk town kolar road
bhopal
Bhopal
INDIA

Referring doctor: DR. MONIKA GUPTA

Maternal / Pregnancy Characteristics:

Previous chromosomally abnormal child or fetus: first trimester miscarriage .

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

Parity: 0.

Maternal weight: 44.0 kg; Height: 152.4 cm.

Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: dont know; Antiphospholipid syndrome: dont know; Patient's mother had preeclampsia: dont know.

Method of conception: Spontaneous;

Last period: 07 May 2023

EDD by dates: 11 February 2024

First Trimester Ultrasound:

US machine: logiq f6. Visualisation: good.

Gestational age: 11 weeks + 4 days from dates

EDD by scan: 11 February 2024

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	169 bpm
Crown-rump length (CRL)	49.9 mm
Nuchal translucency (NT)	1.4 mm
Ductus Venosus PI	0.800
Placenta	posterior low
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..

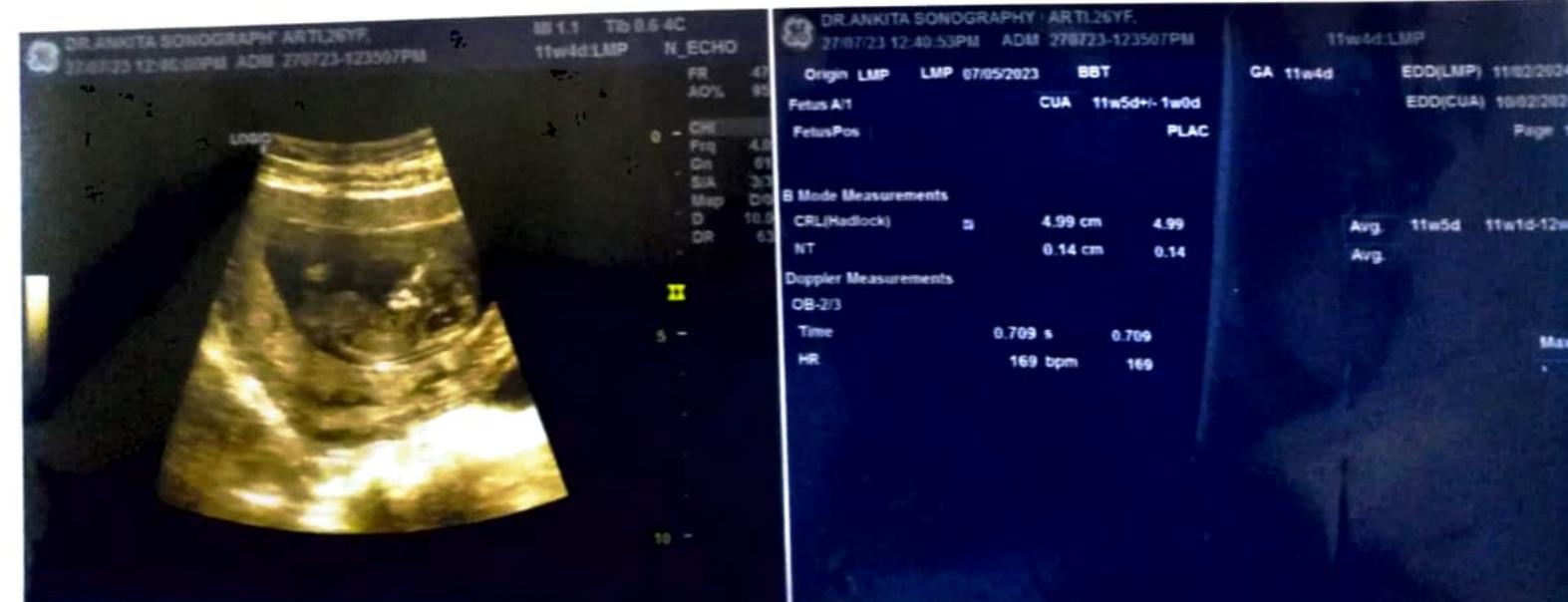
Uterine artery PI:	1.54	equivalent to 0.850 MoM
Mean Arterial Pressure:	71.6 mmHg	equivalent to 0.900 MoM
Endocervical length:	33.9 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 810	1: 16196
Trisomy 18	1: 1841	<1: 20000



patient is taking thyroxine
25 mcg before pregnancy
+ stopped taking medicine
by herself. history of
missed abortion/6
D & C
5 month
out.

14/7/23 $\underline{\text{TSH} \rightarrow 4.56}$

medicine opinion
NT. NB scan for ↑ TSH
Dual marker
Dr. Murali

Q51B MOPD-4 (AP)

17/7/23
11 AM

PT referred for ↑ TSH.

ANC - 9 week

Mo hypothyroid (+) stopped medication 3 week
(PT was taking 25 mcg)

Wt. 51 kg

Adm

Start T. THYREX 50 mcg OD (EMPTY
STOMACH)

- Repeat thyroid profile in 4 weeks
- Husband counselled of about harmful effects of untreated hypothyroidism on pregnancy and outcome

Dr. Dharsh

First Trimester Screening Report

Trisomy 13

1: 5811

<1: 20000

Preeclampsia before 34 weeks

1: 3936

Fetal growth restriction before 37 weeks

1: 134

The background risk for aneuploidies is based on maternal age (27 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). 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).

