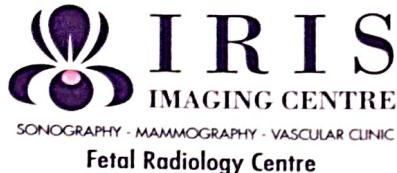


Dr. MANSI JAIN

MBBS, MD (Gold Medalist)
DNB, FRCR(2A) UK
Consultant Radiologist
Trained in Fetal Medicine from Scholar MD
FMF Certified (11-13 wks Scan)



Dr. PANKAJ GOYAL

MBBS, DNB, FRCR(2A) UK
Consultant Interventional Radiologist
Clinical Fellowship in
Interventional Radiology
TATA Memorial Hospital, Mumbai

Patient name	Mrs. RAKHI SEN	Age/Sex	23 Years / Female
Patient ID	E36745-23-06-22-3	Visit No	2
Referred by	Dr. ABHA JAIN DR SAMIKSHA NAIK DGO	Visit Date	10/08/2023 12:00:45 PM
LMP Date	05/05/2023 LMP EDD: 09/02/2024		

OB - First Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Right uterine PI : 0.25.

Left uterine PI : 0.27.

Mean PI : 0.26

Fetus

Survey

Placenta - Posterior

Liquor - Normal

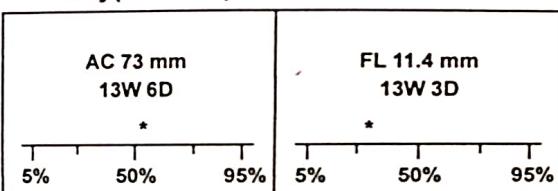
Umbilical cord - 3 vessel cord

Fetal activity present

Cardiac activity present

Fetal heart rate - 162 bpm

Biometry(Hadlock)



CRL - 74.6 mm(13W 4D)

Aneuploidy Markers

Nasal Bone : Present

Nuchal translucency : 2 mm Normal.

Ductus venosus : Normal flow.

Tricuspid regurgitation : No TR.

Fetal Anatomy

Head: normal, Neck: normal, Spine: normal, Face: normal, Thorax: normal, Heart: normal, Abdomen: normal, KUB: normal, Extremities: normal

Impression

Intrauterine gestation corresponding to a gestational age of 13 Weeks 6 Days

Gestational age assigned as per LMP

Placenta - Posterior

Liquor - Normal

GROWTH ADEQUATE FOR GESTATIONAL AGE

No obvious anomalies detected.

Preeclampsia risk from history only
< 37 weeks: 1 in 76

DOB - 5/4/1998
Ht - 5'2
Wt - 140/90
BP - 71 kg.

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Mrs. RAKHI SEN / E36745-23-06-22-3 / 10/08/2023 / Visit No 2

Preeclampsia risk from history plus MAP, UTPI
< 37 weeks: 1 in 28

Recommendation

The risk of preeclampsia 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%.

**DR. MANSI JAIN MD, DNB, FRCR(2A) UK
CONSULTANT RADIOLOGIST**

Disclaimer

To book prior appointment for scan - call 8989635539

All Anomalies cannot be detected by sonography & a normal ultrasound does not guarantee a normal baby.

Declaration of doctor: I declare that while conducting sonography, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Declaration of patient: I declare that while undergoing sonography, I do not want to know the sex of my fetus in any manner.

Many anomalies are detected late in gestation and few anomalies are difficult to detect when baby is inside womb like - anomalies of corpus callosum, isolated cleft palate, anomalies of ears, Tracheo-esophageal fistula, Bowel malrotation, Meckles diverticula, IVC anomalies, anorectal malformations, small VSD, PAPVC, Aortic coarctation, Bicuspid aortic valve, Mild AS/PS, horse-shoe kidneys, umbilical hernias, small CDH, DV & portal venous system abnormalities, extra digits, hearing & vision, facial palsy, nerve palsies, genetic syndromes, Tongue abnormalities, Tethered cord, vertebral segmentation defects, anomalous genitalias, autism, Skin lesions, Ptosis, Strabismus, Retinopathies, Neurononal Migration Disorders, Stroke.

For any typing error, kindly contact at reception.

