

Dr. Pooja Srivastava

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

Consultation fee valid for 3 visits/15 days whichever is earlier in routine
opd hours only (Monday to Saturday)



Name : MRS. AMRITA SUMAN ROY

Age/Sex : 29 Years / Female

LH-A-008958

Address : Umi Homes Kolar

Mobile No.: 8818839049

Date : 14-Aug-2023

Age
Wt 2y
Lst 25/5/23
M/Cly
Wt 57kg

Adm
Obstetric
(GT, NB) (cor)

John
Car
15 for women
HIV

183 - 178 (15 cm)

HIV

HBsAg

Hbs

HBc

Thyroid profile

Random sugar

HbA1c

Adm 24hr Bd 114/28
Name Dr IR ashw
Age 25y Hb 92%
Banc w 84.4 kg
Dmy 96.2%

H
Ami very weight loss,
require introm & insu

P
Tds Doxenil plus 200
x 10dy

fw
up

Signature

In Emergency Call : 9425005377

Email id : poojadr2003@gmail.com



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Ph.: 0755-4093322, 6262093322

मार्किता विजयवर्गीय
 एस. बी. डी. एस., डी. एप. आर. डी.
 एम. आर. आई. फैलोशिप:
 नानावाटी हॉस्पिटल, मुंबई
 हिंदुजा हॉस्पिटल, मुंबई
 एर्स रेडियोलोजिस्ट
 फोर्टिस हॉस्पिटल, नोएडा
 जी. टी. डी. हॉस्पिटल, दिल्ली
 रिजेंसी हॉस्पिटल लिमिटेड, कानपुर
 जवाहर लाल नेहरू कैंसर हॉस्पिटल, भोपाल

DR. ANKITA VIJAYVARGIYA
 MBBS, DMRD

MRI FELLOWSHIPS :
 • NAHAVATI 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. AMRITA RAY

AGE/SEX : 29 Y/F

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

DATE : 14.08.2023

OBSTETRIC USG (EARLY ANOMALY SCAN)

LMP: 25.05.2023

GA(LMP):11wk 4d

EDD : 29.02.2024

- 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 with lower edge 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.
- No intrathoracic mass seen. No TR .
- Stomach bubble is seen. Bilateral renal shadows & urinary bladder could not be assessed due to maternal obesity , fetal size & position . Anterior abdominal wall appears intact.
- Cord could not be assessed .
- All four limbs with movement are seen. Nasal bone well seen & appears normal. Nuchal translucency measures 1.0 mm (WNL).
- Ductus venosus shows normal flow & spectrum with positive "a" wave (PI ~ 0.75)

FETAL GROWTH PARAMETERS

| | | | | | | | |
|-----|------|----|---|----|-----|---|--------------------|
| CRL | 49.0 | mm | ~ | 11 | wks | 5 | days of gestation. |
|-----|------|----|---|----|-----|---|--------------------|

- Estimated gestational age is 11 weeks 5 days (+/- 1 week). EDD by USG : 28.02.2024
- Internal os closed. Cervical length is WNL (34.7 mm). Right ovary shows a thin walled anechoic cystic lesion measuring ~ 52.7 x 39.7 mm – likely simple follicular cyst .
- Baseline screening of both uterine arteries was done with mean PI ~ 2.43 (WNL for gestation).

IMPRESSION:

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

Follow up at 19-20 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 echogenicity. Therefore all fetal anomalies may not be detected at every examination. Patient has been counselled about the capabilities & limitations of this examination.)

Typed by : RT

(DR. ANKITA VIJAYVARGIYA)

First Trimester Screening Report

Ray Amrita

Date of birth : 31 August 1994, Examination date: 14 August 2023

Address: HNO. 303 UNI HOMES KOLAR
ROAD BHOPAL
Bhopal
INDIA

Referring doctor: DR. (MS) POOJA SHRIVASTAVA

Maternal / Pregnancy Characteristics:

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

Parity: 0.

Maternal weight: 84.0 kg; Height: 160.0 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: 25 May 2023

EDD by dates: 29 February 2024

First Trimester Ultrasound:

US machine: logiq f6. Visualisation: good.

Gestational age: 11 weeks + 4 days from dates

EDD by scan: 29 February 2024

| Findings | Alive fetus |
|--------------------------|-----------------------|
| Fetal heart activity | visualised |
| Crown-rump length (CRL) | 49.0 mm |
| Nuchal translucency (NT) | 1.0 mm |
| Ductus Venosus PI | 0.750 |
| Placenta | posterior low |
| Amniotic fluid | normal |
| Cord | could not be assessed |

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: not visible; Hands: both visible; Feet: both visible.

| | | |
|-------------------------|-----------|-------------------------|
| Uterine artery PI: | 2.43 | equivalent to 1.440 MoM |
| Mean Arterial Pressure: | 77.2 mmHg | equivalent to 0.870 MoM |
| Endocervical length: | 34.7 mm | |

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

| Condition | Background risk | Adjusted risk |
|------------|-----------------|---------------|
| Trisomy 21 | 1: 702 | 1: 14050 |
| Trisomy 18 | 1: 1589 | <1: 20000 |
| Trisomy 13 | 1: 5017 | <1: 20000 |

First Trimester Screening Report

Preeclampsia before 34 weeks

1: 486

Fetal growth restriction before 37 weeks

1: 139

The background risk for aneuploidies is based on maternal age (28 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).

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).

