

Dr. Pooja Shrivastava

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-008968

Address : Umi Homes Kolar

Mobile No.: 8818839049

Date : 14-Aug-2023

G.
m. 2
Lut 15/5/23
Nicky
white

Am 24w
Name De IR 46w
Height 5ft 2 92-
Weight 84.4 kg
Temp 96.2³²

Adm
Obstetric
G.T. (M) (can)

Rt
Am 24w weight 46w,
vaginal infection 46w

John
C/S
15 for 6 months
well

Ref - 178 (15 am
apointments)

Rt
Tab Doxycycline 100mg
X 10 days

HIV
HbsAg
Hbs
HCV

Thyroid profile
Double marker
test

Am 24w
weight 46w

Signature

In Emergency Call : 9425005377

Email id : poojadr2003@gmail.com



LOTUS HOSPITAL

M-351, Rajharsh Colony, Nayapura, Kolar main road, Bhopal
Ph.: 0755-4093322, 6262093322

DR. ANKITA VIJAYVARGIYA

एम. बी. बी. एस., डी. एम. आर. डी
एम. आर. आई. फेलोशिप :
नामावती हॉस्पिटल, मुंबई
हिंदुजा हॉस्पिटल, मुंबई
एच. रेडियोलॉजिस्ट :
फोर्टिस हॉस्पिटल, नोएडा
जी. टी. बी. हॉस्पिटल, दिल्ली
रीजेन्सी हॉस्पिटल लिमिटेड, कानपुर
जवाहर लाल नेहरू कैंसर हॉस्पिटल, भोपाल

DR. ANKITA VIJAYVARGIYA
MBBS, DMRD

MRI FELLOWSHIPS :

- NAAVATI HOSPITAL, MUMBAI
- HINDUJA HOSPITAL, MUMBAI

FMF Certified from
Fetal Medicine Foundation
Reg. No. MP-8932

FORMER RADIOLOGIST AT:

- FORTIS HOSPITAL, NOIDA
- G.T.B HOSPITAL, DELHI
- REGENCY HOSPITAL LTD, KANPUR
- JAWAHAR LAL NEHRU CANCER HOSPITAL, BHOPAL

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.
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- 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 ecogenicity. 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

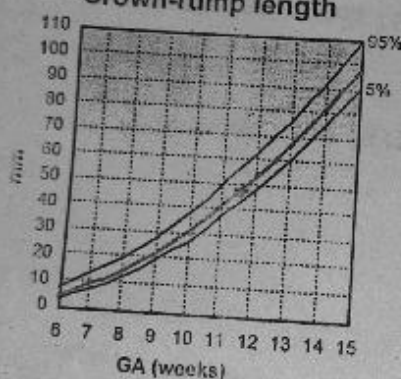
The background risk for aneuploidies is based on maternal age (28 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (fetal nuchal translucency thickness, nasal bone, tricuspid Doppler, ductus venosus Doppler).

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.

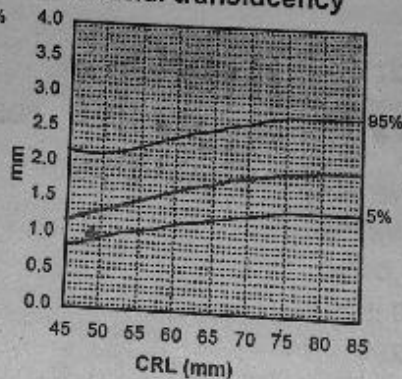
All biophysical markers are corrected as necessary according to several maternal characteristics including racial origin, weight, height, smoking, method of conception and parity.

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).

Crown-rump length



Nuchal translucency



1st trimester risk of Trisomy 21

