

Dr. Pooja Shrivastava

MBBS

MS (Obstetrics & Gynaecology)

Reg No. MP-4298

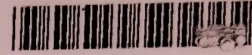
Trained in : Gynaecological Endoscopy Laparoscopy & Hysteroscopy. Obstetric & Gynaecological Ultrasonography Laparoscopic Sterilization & Family Planning



- 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 hours only (Monday to Saturday)



Name : MRS. SRISHTI DIGARSE

Age/Sex : 30 Years / Female

LH-A-008781

Address : Priyanka Nagar Kolar

Mobile No.: 8435837766

Date : 28-Aug-2023

BP 109/73

WT 52 kg

Pulse 113/min

Temp 98.6°F

After
Surgery
Nausea
full

BM

R

2-200ml Dextrose 5% in water

2-200ml Normal saline

2-200ml 10% KCl

2-200ml 10% NaCl

2-200ml 10% NaCl

Remain
supine

lower

Emergency Call : 9425005377

vivo T1 5G

Aug 28, 2023, 15:05

Lotus Hospital

Email id : poojadr2003@gmail.com

LOTUS HOSPITAL

M-351, Rajharsh Colony, Nayapura, Kolar main road, Bhopal
Ph : 0755 4002000

Signature

अकिता विजयवर्गीय

डी. एम., डी. एम. आर. डी.
र. आई. फेलोशिप :
हॉस्पिटल, मुंबई
हॉस्पिटल, मुंबई
हॉस्पिटल :
हॉस्पिटल, नोएडा
हॉस्पिटल, दिल्ली
हॉस्पिटल लिमिटेड, कानपुर
लाल नेहरू कैंसर हॉस्पिटल, भोपाल

DR. ANKITA VIJAYVARGIYA MBBS, DMRD

MRI FELLOWSHIPS :

- NANAVATI 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. SRISHTI

AGE/SEX : 30 Y/F

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

DATE : 26.08.2023

OBSTETRIC USG (EARLY ANOMALY SCAN)

LMP: 25.05.2023

GA(LMP):13wk 2d

EDD : 19.02.2024

- Single live fetus seen in the intrauterine cavity in **variable** presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 167 beats /min.
- PLACENTA: is **grade I, posterior with lower edge just reaching upto internal 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. 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 1.8 mm (WNL).
- Ductus venosus shows normal flow & spectrum with positive "a" wave (PI ~ 0.95)

FETAL GROWTH PARAMETERS

▪ CRL 64.9 mm ~ 12 wks 6 days of gestation.

- Estimated gestational age is **12 weeks 6 days (+/- 1 week)**. EDD by USG : 03.03.2024
- Internal os closed. Cervical length is WNL (34.8 mm).
- Baseline screening of both uterine arteries was done with mean PI ~ 1.19 (WNL for gestation).
- Date of last delivery 25.02.2019.
- Gestation at delivery of last pregnancy 39 weeks 5 days.

IMPRESSION:

- ✚ Single, live, intrauterine fetus of 12 weeks 6 days +/- 1 week.
- ✚ Gross fetal morphology is within normal limits.
- ✚ Low lying placenta with lower edge just reaching upto internal 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

DIGARSE SRISHTI

Date of birth : 22 January 1993, Examination date: 26 August 2023

Address: HNO. 303 royal estate
apartment priyanka nagar
kolar raod bhoapl
Bhopal
INDIA

Referring doctor: DR. (MS) POOJA SHRIVASTAVA

Maternal / Pregnancy Characteristics:

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

Parity: 1; Deliveries at or after 37 weeks: 1.

Maternal weight: 53.0 kg; Height: 162.6 cm.

Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: no; Antiphospholipid syndrome: dont know; Preeclampsia in previous pregnancy: no; Previous small baby: no; 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: 13 weeks + 2 days from dates

EDD by scan: 29 February 2024

Findings	Alive fetus	
Fetal heart activity	visualised	
Fetal heart rate	159 bpm	
Crown-rump length (CRL)	64.9 mm	
Nuchal translucency (NT)	1.8 mm	
Ductus Venosus PI	0.950	
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:	1.19	equivalent to 0.730 MoM
Mean Arterial Pressure:	87.4 mmHg	equivalent to 1.070 MoM
Endocervical length:	34.8 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 606	1: 12116
Trisomy 18	1: 1487	<1: 20000

First Trimester Screening Report

Trisomy 13

1: 4662

<1: 20000

Preeclampsia before 34 weeks

1: 5162

Fetal growth restriction before 37 weeks

1: 447

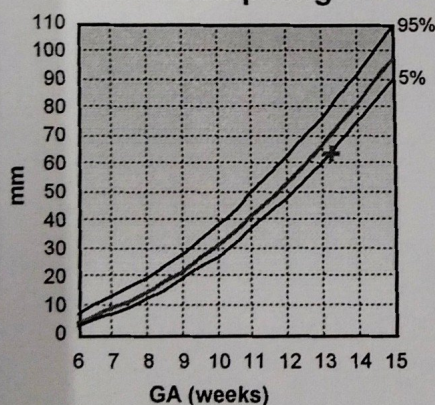
The background risk for aneuploidies is based on maternal age (30 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (fetal nuchal translucency thickness, nasal bone, tricuspid Doppler, ductus venosus Doppler, fetal heart 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).

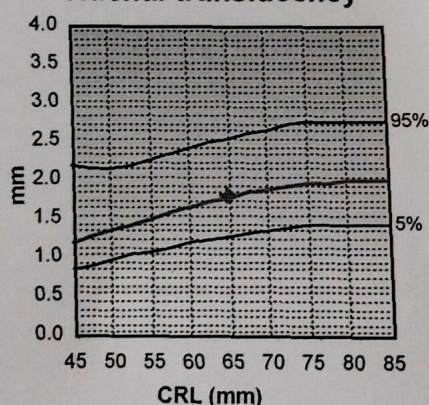
All biophysical markers are corrected as necessary according to several maternal characteristics including racial origin, weight, height, smoking, method of conception and parity.

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

