త్రివేణి హాస్పిటల్

TRIVENI HOSPITAL

గ్రీన్‌లాండ్ హాస్పటల్ గేటు ఎదురుగా, డాక్టర్స్ కాలనీ, నల్లగొండ.

Dr. G. TRIVENI
M.B.B.S., M.S.(Obgy.)
Obstetrician & Gynaecologist
Infertility Specialist
Regd. No. 52814

Cell: 7569550452, 6302900950

డా॥ జి. త్రివేణి
M.B.B.S., M.S.(Obgy.)
ప్రసూతి మరియు స్త్రీల వ్యాధి నిపుణులు
Regd. No. 52814

Pt.'s Name Mrs. Swethavula Lingeshwari Vill. Abbagudem Age 20 Sex F

GPLAD c 3AA

Date: 9/09/23

Valid Upto 23/09/23

Wt :
Temp :
PR :
BP : 100/70 mmHg
Heart :
Lungs :

DOB: 27-03-2003

20/9/23/505

NT+DM

C/O G weeks

O/E GC: fair

PA: Soft
Nontender

P/V: not Bulky

LMP :
EDD :
S.EDD :
ML :
Consanguinity Yes/No.
Menstrual Periods : Reg/Irregular

R

1. T. Pan D
1 — 15d

2. T. Folheal
— 15d

3. T. Cplogal
1 — 15d

T. Ecosprin 150mg
1 od

T. Hemetin MZ
1 — 15d

4. PLP retapur
c ...

24/9/23

First Trimester Screening Report

Kalpana Fetal Medicine and Scan Center

Protecting the Precious...

MRS SWETHA

Date of birth : 23 March 2003, Examination date: 23 September 2023

Address: NALGONDA

Hospital no.: KFC10799

Mobile phone: 8374596711

Referring doctor: TRIVENI

Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 0.
Maternal weight: 40.0 kg; Height: 152.0 cm.
Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: no; Antiphospholipid syndrome: no; Patient's mother had preeclampsia: no.
Method of conception: Spontaneous;
Last period: 23 June 2023

EDD by dates: 29 March 2024

First Trimester Ultrasound:

US machine: E 6. Visualisation: good.
Gestational age: **13 weeks + 1 days** from dates

EDD by scan: 29 March 2024

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	154 bpm
Crown-rump length (CRL)	68.0 mm
Nuchal translucency (NT)	2.1 mm
Biparietal diameter (BPD)	21.0 mm
Ductus Venosus PI	0.300
Placenta	posterior low
Amniotic fluid	normal

Chromosomal markers:
Nasal bone: can not examine; Tricuspid Doppler: normal;

Fetal anatomy:
Skull/brain: appears normal; Spine: appears normal; Heart: Appears normal; Abdominal wall: appears normal; Stomach: visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible.

Uterine artery PI:	1.45	equivalent to 0.880 MoM
Endocervical length:	31.0 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: **Lekkala Kalpana, FMF Id: 173593**

Condition	*Background risk*	*Adjusted risk*
Trisomy 21	1: 1102	1: 3140
Trisomy 18	1: 2743	1: 8311
Trisomy 13	1: 8590	<1: 20000
Preeclampsia before 34 weeks		1: 797
Fetal growth restriction before 37 weeks		1: 98

8-2-71/1/ఎ, క్లీలాండ్ హాస్పిటల్ ఎదురుగా, డాక్టర్స్ కాలనీ, నల్గొండ - 508 001. తెలంగాణ
For Appointment : ☎ +91 8522 856 854 | +91 9704 234 016

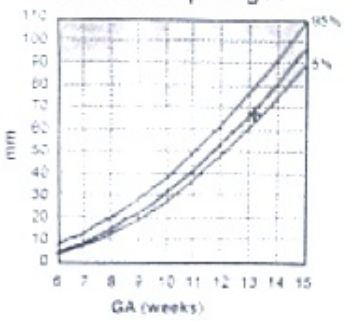
Kalpana Fetal Medicine and Scan Center
Protecting the Precious..

The background risk for aneuploidies is based on maternal age (20 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, fetal heart rate).

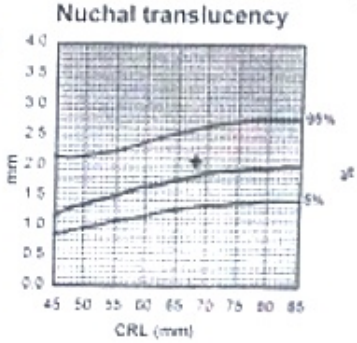
Risks for pre-eclampsia and fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history and uterine artery Doppler. The adjusted risk for PE < 34 weeks or the adjusted risk for FGR < 37 weeks is in the top 10% of the population. The patient may benefit from 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).

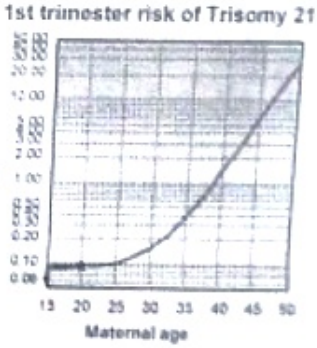
Crown-rump length



Nuchal translucency



1st trimester risk of Trisomy 21



Comments

Single live intra uterine fetus corresponding to 13 weeks 1 days.

Down syndrome screen negative based on NT scan.

Uterine doppler shows high resistance flow.Suggested to Tab Asprin upto 36 weeks.

NASAL BONE CAN NOT EXAMINE.

Suggested DOUBLE MARKER.

Suggested EARLY TIFFA SCAN at 18 weeks. (OCT 28TH TO 31ST)

I,Dr.**L.Kalpana reddy,declared that while conducting ultrasonography / imaging scanning on Mrs.SWETHA,I have neither detected nor disclosed the sex of fetus to any** body in **any manner.**

DR.L.KALPANA REDDY
FETAL MEDICINE CONSULTANT

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