

# First Trimester Screening Report

KESHARWANI SONAM

Date of birth : 23 March 1994, Examination date: 22 September 2023

Address: hno. T-1 Indus town meal  
bhopal  
Bhopal  
INDIA

Referring doctor: DR. (MS) Pooja Shrivastava

## Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).  
Parity: 0.

Maternal weight: 53.3 kg; Height: 146.0 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: 01 July 2023

EDD by dates: 06 April 2024

## First Trimester Ultrasound:

US machine: logiq f6. Visualisation: good.

Gestational age: 11 weeks + 6 days from dates

EDD by scan: 06 April 2024

Findings	Alive fetus	
Fetal heart activity	visualised	
Fetal heart rate	163 bpm	
Crown-rump length (CRL)	45.8 mm	
Nuchal translucency (NT)	1.2 mm	
Ductus Venosus PI	0.900	
Placenta	anterior 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: bladder visible; Hands: both visible; Feet: both visible; both orbits & lens seen . PMT is intact.

Uterine artery PI:	1.44	equivalent to 0.790 MoM
Mean Arterial Pressure:	90.7 mmHg	equivalent to 1.110 MoM
Endocervical length:	35.1 mm	

## Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 655	1: 13092
Trisomy 18	1: 1454	<1: 20000
Trisomy 13	1: 4597	<1: 20000

# डॉ. अंकिता विजयवर्गीय

एम. बी. बी. एस., डॉ. एम. आर. डॉ

एम. आर. आई. फैलोशिप :

नानावटी हॉस्पिटल, मुंबई

हिंदुजा हॉस्पिटल, मुंबई

पवर रेडियोलोजिस्ट :

फॉर्टिस हॉस्पिटल, नोएडा

जी. बी. हॉस्पिटल, दिल्ली

रिजेंसी हॉस्पिटल लिमिटेड, कानपुर

जवाहर लाल नेहरू कैंसर हॉस्पिटल, भोपाल

PATIENT'S NAME: MRS. SONAM

# DR. ANKITA VIJAYVARGIYA

MBBS, DMRD

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

MRI FELLOWSHIP :

• NANAVATI 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

AGE/SEX: 30 Y/F

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

DATE : 22.09.2023

## OBSTETRIC USG ( EARLY ANOMALY SCAN )

LMP: 01.07.2023

GA(LMP): 11wk 6d

EDD : 06.04.2024

- Single live fetus seen in the intrauterine cavity in variable presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 163 beats /min.
- PLACENTA: is grade I, anterior with lower edge just reaching upto internal os . Streaky ( 2.4 mm thickness) fluid seen in fundal region & in lower segment in retroplacental region
- 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. PMT is intact . No intrathoracic mass seen. No TR .
- Stomach bubble 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 1.2 mm ( WNL ).
- Ductus venosus shows normal flow & spectrum with positive "a" wave ( PI ~ 0.90 )

### FETAL GROWTH PARAMETERS

CRL	45.8 mm	~	11	wks	3 days of gestation.
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- Estimated gestational age is 11 weeks 3 days (+/- 1 week). EDD by USG : 09.04.2024
- Internal os closed. Cervical length is WNL (35.1 mm ).

➤ Baseline screening of both uterine arteries was done with mean PI ~ 1.44 ( WNL for gestation ).

### IMPRESSION:

- Single, live, intrauterine fetus of 11 weeks 3 days +/- 1 week.
- Gross fetal morphology is within normal limits.
- Low lying placenta with lower edge just reaching upto internal os with streaky retroplacental hemorrhage .

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

Preeclampsia before 34 weeks

1: 351

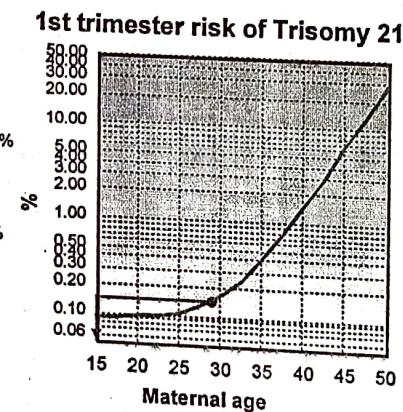
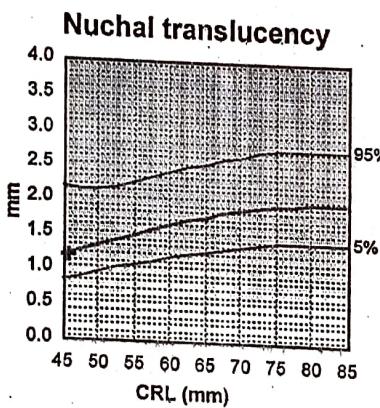
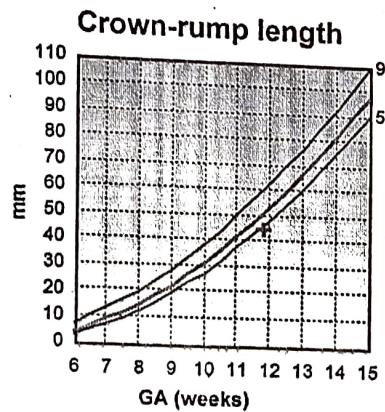
Fetal growth restriction before 37 weeks

1: 125

The background risk for aneuploidies is based on maternal age (29 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). 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](http://www.fetalmedicine.com)).





02 OCT 2023

John  
Obstetrics

1st  
double  
uterus

Pulse - 101 bpm

SpO<sub>2</sub> - 99%.

BP - 95/62 mmHg

WT - 84.1 kg

Temp - 97.4°F

dy. Status EOB my  
For thorax  
w/ belly

000 PEs Infiltrate 10 my

000 PEs Nodules 10 my

PEs No crepitus / his phns

dy. Lungf 10 my

dy. G/Wind 10 my

1 month

Set  
up for  
workups

P  
var  
2/11/23  
var