

PATIENT INFORMATION:

BILL TO

*** PATIENT'S NAME (Block Letters: First Name Mandatory)

mrs. Sushma dhave

(First Name)

(Middle Name)

(Last Name)

Patient's Address:

Phone No.:

Email ID:

***Date of Birth:

21/06/1996

***Gender:

Male

Female

Age: 29y 1m

Months

Days

Height: 5.3

cms

Weight:

49 kg

Kgs

Test Requirements: Please refer to the Directory of services for correct Test Code

***Test Code

***Test Name

Doul marker

Temperature Recd.

First Trimester Screening Report

Makode Sushma

Date of birth : 21 June 1995, Examination date: 09 October 2023

Address: hno. 145 beema kunj kolar
road bhopal
Bhopal
INDIA

Referring doctor: Dr. Priyanka tiwari

Maternal / Pregnancy Characteristics:

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

Parity: 0.

Maternal weight: 50.0 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: 19 July 2023

EDD by dates: 24 April 2024

First Trimester Ultrasound:

US machine: logiq f6. Visualisation: good.

Gestational age: 11 weeks + 5 days from dates

EDD by scan: 24 April 2024

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	165 bpm
Crown-rump length (CRL)	54.8 mm
Nuchal translucency (NT)	1.6 mm
Ductus Venosus PI	0.550
Placenta	anterior high
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.

Uterine artery PI:

Mean Arterial Pressure: 1.68 equivalent to 0.970 MoM

Endocervical length: 81.2 mmHg equivalent to 1.000 MoM

32.0 mm

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition

Trisomy 21

Trisomy 18

Trisomy 13

Preeclampsia before 34 weeks

Background risk

1: 762

1: 1779

1: 5604

Adjusted risk

1: 15246

<1: 20000

<1: 20000

1: 1242

Page 1 of 2 printed on 09 October 2023 - Makode Sushma examined on 09 October 2023.

१. अंकिता विजयवर्गीय

बी. बी. एम. डी. एम. आर. डी.
आर. आर. फैलोशिप:
नवटी हास्पिटल, मुंबई
ज्ञा हास्पिटल, मुंबई
रेडियोलोजिस्ट:
टिस हास्पिटल, नोएडा
टी. बी. हास्पिटल, दिल्ली
सर्वी हास्पिटल लिमिटेड, कानपुर
जाहार लल नेहरु कैंसर हास्पिटल, भोपाल
जाहार लल नेहरु कैंसर हास्पिटल, भोपाल
प्रायोगिक नाम: मॉर्स शुश्मा

REF. BY : DR. PRIYANKA TIWARI (MBBS, MS)

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

AGE/SEX : 29Y/F

DATE : 09.10.2023

OBSTETRIC USG (EARLY ANOMALY SCAN)

LMP: 19.07.2023

GA(LMP): 11wk 5d

EDD : 24.04.2024

- Single live fetus seen in the intrauterine cavity in **variable presentation**.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 165 beats /min.
- PLACENTA:** is grade I, anterior & not low lying.
- 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 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 1.6 mm (WNL).
- Ductus venosus shows normal flow & spectrum with positive "a" wave (PI ~ 0.55)

FETAL GROWTH PARAMETERS

CRL 54.8 mm ~ 12 wks 1 days of gestation.

- Estimated gestational age is **12 weeks 1 days** (+/- 1 week). EDD by USG : 21.04.2024
- Internal os closed. Cervical length is WNL (32.0 mm).

Baseline screening of both uterine arteries was done with mean PI ~ 1.68 (WNL for gestation).

IMPRESSION:

- Single, live, intrauterine fetus of 12 weeks 1 days +/- 1 week.
- Gross fetal morphology is within normal limits.

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)

Shop No. 22/23, Lower Ground Floor (Basement) C.I. S...

Mob: 9642944444

First Trimester Screening Report

1: 158

Fetal growth restriction before 37 weeks

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, 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).

