

PATIENT INFORMATION:

BILL TO

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

Mrs. Sushma chate

(First Name)

(Middle Name)

(Last Name)

Patient's Address:

Phone No.:

Email ID:

***Date of Birth: 21/06/1996

***Gender

☐ Male ☒ Female

Age: 29y 1F 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

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***Client

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Doctor's

Phone

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*** 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:	1.68	equivalent to 0.970 MoM
Mean Arterial Pressure:	81.2 mmHg	equivalent to 1.000 MoM
Endocervical length:	32.0 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 762	1: 15246
Trisomy 18	1: 1779	<1: 20000
Trisomy 13	1: 5604	<1: 20000
Preeclampsia before 34 weeks		1: 1242

डॉ. अंकिता विजयवर्गीय

बी. बी. एस., डी. एम. आर. डी

ए. आर. आई. फेलोशिप :

नावटी हॉस्पिटल, मुंबई

हिंदुजा हॉस्पिटल, मुंबई

रेडियोलॉजिस्ट :

टिंस हॉस्पिटल, नोएडा

टी. बी. हॉस्पिटल, दिल्ली

वीरेंसी हॉस्पिटल लिमिटेड, कानपुर

जवाहर लाल नेहरू कैंसर हॉस्पिटल, भोपाल

PATIENT'S NAME : MRS. SUSHMA

DR. ANKITA VIJAYVARGIYA
MBBS, DMRD

MRI FELLOWSHIPS :

• 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

FMF Certified from

Fetal Medicine Foundation

Reg. No. MP-8932

AGE/SEX : 29Y/F

DATE : 09.10.2023

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

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.
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- 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 : 9642844444

First Trimester Screening Report

1: 158

Fetal growth restriction before 37 weeks

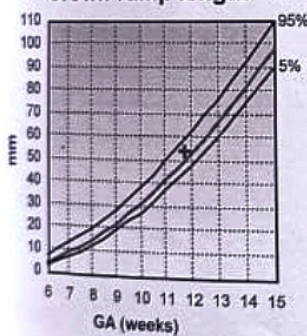
The background risk for aneuploidies is based on maternal age (28 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (fetal nuchal translucency thickness, nasal bone, tricuspid Doppler, ductus venosus Doppler, fetal heart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

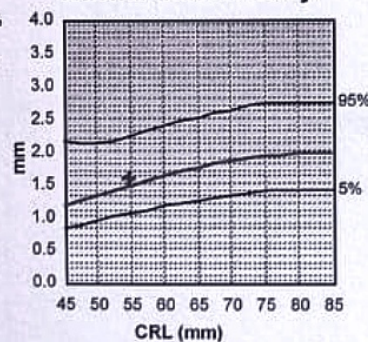
All biophysical markers are corrected as necessary according to several maternal characteristics including racial origin, weight, height, smoking, method of conception and parity.

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).

Crown-rump length



Nuchal translucency



1st trimester risk of Trisomy 21

