



త్రివేణి హాస్పిటల్

TRIVENI HOSPITAL

గ్రీన్లాండ్ హాస్పిటల్ గేటు ఎదురుగా, డాక్టర్స్ కాలనీ, నల్లగొండ.



Dr. G. TRIVENI

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

సంప్రదించు వేళలు :
ప్రత్యేక టి. గం. 10-00 నుండి రాత్రి గం. 7-00 వరకు
అవసరం టి. గం. 10-00 నుండి మే. గం. 2-00 వరకు

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. Prashanthi Nilavarethi Nannalpally Age 27 Sex F

GPLAD

C LMA

Date: 12/10/23

Valid Upto: 26/10/23

✓ Wt : 51 kgs

Temp : 98.4

PR : 78/min

BP : 100/70 mmHg

Heart : S1 S2 ⊕

Lungs : Clear

DOB : 11-07-1994

Adv

DM

C/O G. W. ...

O/E G.C. ...

PR Soft

Nails

wt palpable

PR. Aug
clen

LMP : 13/07/23

EDD : 21/04/24

S.EDD :

ML :

Consanguinity Yes/No.

Menstrual Periods :
Reg/Irregular

R

1. T. Paracetamol

1 — 150

2. T. Bifolab

1 — 150

3. T. Calca-7

+ 150

④ Spp. ...
200 mg
200 mg

- T. Ecopain 150 mg

1 — 150

- T. Optogest SR 200mg

1 — 150

Kalpana Fetal Medicine and Scan Center

Protecting the Precious...

MRS Prashanthi

Date of birth : 31 July 1994, Examination date: 12 October 2023

Address: NALGONDA

Hospital no.: KFC11008

Mobile phone: 9392053307

Referring doctor: TRIVENI

Maternal / Pregnancy Characteristics:

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

Parity: 0.

Maternal weight: 50.0 kg; Height: 150.0 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: 13 July 2023

EDD by dates: 18 April 2024

First Trimester Ultrasound:

US machine: E 6. Visualisation: good.

Gestational age: 13 weeks + 0 days from dates

EDD by scan: 18 April 2024

Findings	Alive fetus	
Fetal heart activity	visualised	
Fetal heart rate	151 bpm	•
Crown-rump length (CRL)	70.0 mm	•
Nuchal translucency (NT)	1.4 mm	•
Biparietal diameter (BPD)	23.0 mm	•
Ductus Venosus PI	0.900	•
Placenta	anterior low	
Amniotic fluid	normal	

Chromosomal markers:

Nasal bone: present; 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: 2.50 equivalent to 1.570 MoM

Endocervical length: 32.0 mm

Risks / Counselling:

Patient counselled and consent given.

Operator: Lekkala Kalpana, FMF Id: 173593

Condition	Background risk	Adjusted risk
Trisomy 21	1: 726	1: 6747
Trisomy 18	1: 1824	1: 7651
Trisomy 13	1: 5707	<1: 20000
Preeclampsia before 34 weeks		1: 63
Fetal growth restriction before 37 weeks		1: 37

Kalpana Fetal Screening Report

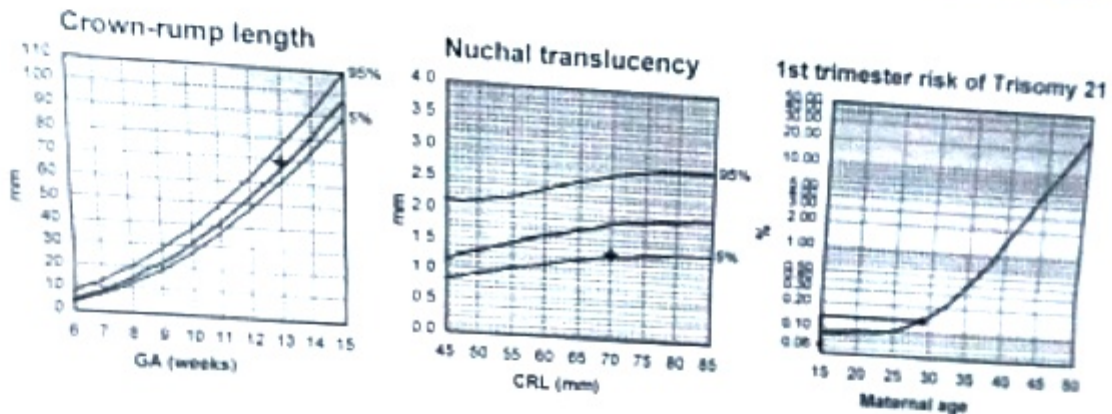
Fetal Medicine and Scan Center

Protecting the Precious...

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, fetal heart rate).

Risks for preeclampsia 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).



Comments

Single live intra uterine fetus corresponding to 13 weeks 0 days.

Down syndrome screen negative based on NT scan.

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

Suggested **DOUBLE MARKER**.

Suggested **TIFFA SCAN** at 19 to 20 weeks. (NOV 26TH TO 30TH)

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

DR. L. KALPANA REDDY
FETAL MEDICINE CONSULTANT