



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

సర్జరీ వేళలు :

ప్రతిరోజు ఈ గం. 10-00 నుండి రాత్రి గం. 7-00 వరకు
ఆదివారం ఈ 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. Shinisha w/o Venkata VIII. Parikakolodla Age 19 Sex F

G P L A D E S M A

Date: 11/11/23

Valid Upto: 18/11/23

Wt: 46 kgs

Temp: 100

PR: 82 bpm

BP: 100/70 mmHg

Heart: SIS 2+

Lungs: NOAD

(DM-)
(TSH-)
(FERR-)

Blood: NO

UPT: positive

DOB: 24-04-2004

NT not done

From
ANC & TSH profile
HbA1c
TIFFA + 8m

PFA: +

C/O Gastritis

010 90: Fau

PR: 80 bpm

PA: Soft

at 18-20 weeks

FHS +

like

PH: center

03 cm

LMP: 24/6/23

EDD: 31/3/24

S.EDD: 22/3/24

ML: 1438 (13cm)

Consanguinity: Yes/No

Menstrual Periods: Scanty

Reg/irregular

1. T. Panthen
1-15d

2. T. Femur K1
1-15d

3. T. calcitabct
1-15d

4. PL Pret powder
1-15d

T 8pp vitascyne
1-15d

T. Monaxo
1-15d

P

24-833008



Kalpana Fetal Medicine and Scan Center

Protecting the Precious.

Patient name	Mrs. SHIRISHA	Age/Sex	19 Years / Female
Patient ID	KFC11266	Visit No	2
Referred by	Dr. TRIVENI	Visit Date	04/11/2023
LMP Date	24/06/2023	LMP EDD	30/03/2024 [19W]

OB - 2/3 Trimester Scan Report

Indication(s)

TIFFA SCAN

Real time B-mode ultrasonography of gravid uterus done

Route: Transabdominal and Transvaginal

Single intrauterine gestation

Maternal

Cervix measured 3.00 cms in length

Right uterine PI: 0.7

Left uterine PI: 1.2

Mean PI: 0.95

Fetus

Survey

Presentation: VARIABLE

Placenta: Posterior

Liquor: Normal

Single deepest pocket = 5

Umbilical cord: Two arteries and one vein

Fetal activity present

Cardiac activity present

Fetal heart rate: 165 bpm

Biometry (Mediscan)

BPD 44 mm 19W 2D	HC 163 mm 19W	AC 148 mm 20W 1D	FL-Rt 34 mm 20W 5D	EFW BPD,HC,AC,FL 338 grams
5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%	5% 50% 95%

Cephalic index: 73 Dolicocephaly

TCD: 20 mm

Aneuploidy Markers

Nuchal Fold: 4.1 mm

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Kalpana Fetal Medicine and Scan Center

Protecting the Precious...

Mrs. SHIRISHA / KFC11266 / 04/11/2023 / Visit No 2

Estimated fetal weight according to BPD, AC :- 309 + / - 30.9 FL, AC :- 349 + / - 34.9 gms.

Fetal Anatomy

Head

Left lateral ventricle measured 4.9 mm
Cisterna magna measured 4.2 mm
Midline falx seen.
Both lateral ventricles appeared normal.
Posterior fossa appeared normal.
No identifiable intracranial lesion seen.

Neck

Fetal neck appeared normal.

Spine

Entire spine visualised in longitudinal and transverse axis.
Vertebrae and spinal canal appeared normal

Face

Fetal face seen in the coronal and profile views.
Both orbits, nose and mouth appeared normal

Thorax

Both lungs seen.
No evidence of pleural or pericardial effusion.
No evidence of SOL in the thorax.

Heart

Heart appears in the mid position.
Normal cardiac situs. Four chamber view normal.
Outflow tracts appeared normal.
Echogenic cardiac focus in LV.

Abdomen

Abdominal situs appeared normal.
Stomach and bowel appeared normal.
Normal bowel pattern appropriate for the gestation seen.
No evidence of ascites.
Abdominal wall intact.

KUB

Right and Left kidneys appeared normal.
Bladder appeared normal

Extremities

All fetal long bones visualized and appear normal for the period of gestation.
Both feet appeared normal

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Kalpana Fetal Medicine and Scan Center

Protecting the Precious...

Mrs. SHIRISHA / KFC11266 / 04/11/2023 / Visit No 2

Fetal doppler

Umbilical Artery PI : 1.4

Impression

Single gestation corresponding to a gestational age of 19 Weeks

Gestational age assigned as per LMP

Placenta - Posterior

Presentation - VARIABLE

Liquor - Normal

Estimated fetal weight according to BPD,AC :- 309 +/- 30.9 FL,AC :- 349 +/- 34.9 BPD,HC,AC,FL :- 338 +/- 33.8 gms.

ECHOGENIC CARDIAC FOCUS IN LV.

There is a single Echogenic Intracardiac Focus (EIF) in the left cardiac ventricle. There are no structural abnormalities or other markers for chromosomal abnormalities.

I have explained to the couple that EIF is present in about 5% (1 in 20) normal babies. This is not a heart defect and does not affect the function of the heart in any significant way.

It is a soft marker for Down's Syndrome but as an isolated finding, it does not increase the risk of Down Syndrome. The likelihood ratio of isolated EIF is 0.98 for trisomy 21. (Ref: Meta analysis of second trimester markers, UOG 2013)

The EIF in itself does not warrant any structural cardiac follow up (prenatal/postnatal).

Suggested GROWTH SCAN at 28 to 30 weeks.

DISCLAIMER

Although a structural screening scan is undertaken, detection of structural anomalies will never be 100%. Detection rates varies and may be reduced by the factors like maternal obesity, abdominal scar, gestational age, inappropriate fetal position and reduced amniotic fluid volume.

All anomalies cannot be ruled out completely in single scan, serial scans are necessary to exclude progressive anomalies.

USG screening does not rule out functional problems as it is only structural screening of fetus.

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

Dr. L KALPANA REDDY MBBS DNB (OBG) FMF (UK)
FETAL MEDICINE CONSULTANT