Dr. Sonal Phadtare
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PCPNDT Reg. No. PH/CSP/SDH-Baramati/746/2021
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BARAMATI FETAL MEDICINE CENTRE

First Trimester Screening Report

Dipali Hole

Date of birth:	04 June 1994	Examination date:	02 December 2023
Referring doctor:	Dr. Kokare	Patient id:	930

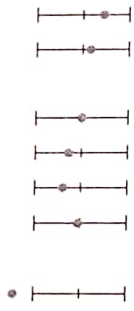
History

Ethnic origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 3; Spontaneous deliveries between 16-30 weeks: 0; 31-36 weeks: 0; Deliveries at or after 37 weeks: 3.
Maternal weight: 57.0 kg; Height: 162.6 cm.
Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: no; Antiphospholipid syndrome: no; PE in a previous pregnancy: no; Previous small baby: no.
Conception: spontaneous;
last period: 01 September 2023 EDD by dates: 07 June 2024

First Trimester Ultrasound

US system: Voluson E 10 (BT 20). View: good.
Gestational age: **13 weeks + 1 days** from dates EDD by scan: 07 June 2024

Findings	alive fetus
Fetal heart activity	visualised
FHR	166 bpm
Crown-rump length (CRL)	72.0 mm
Nuchal translucency (NT)	1.70 mm
Biparietal diameter (BPD)	23.9 mm
Head circumference (HC)	84.2 mm
Abdominal circumference (AC)	65.5 mm
Femur length (FL)	10.7 mm
Intracranial translucency	present, 2.2 mm
Ductus Venosus PI	0.56
Placenta	appears normal
Amniotic fluid	normal



Chromosomal markers:
Nasal bone: present; Tricuspid Doppler: normal.
Fetal anatomy:
Skull/brain: appears normal; Spine: appears normal; Heart: four chambers three vessels seen; Abdomen: appears normal; Stomach: visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible.
Comments:BS:BSOB ratio- 0.61.

Uterine artery mean PI:	2.295	equivalent to 1.455 MoM
Mean Arterial Pressure:	103.333 mmHg	equivalent to 1.2552 MoM
Endocervical length:	34.0 mm	

Risk calculation

Patient counselled and consent given.

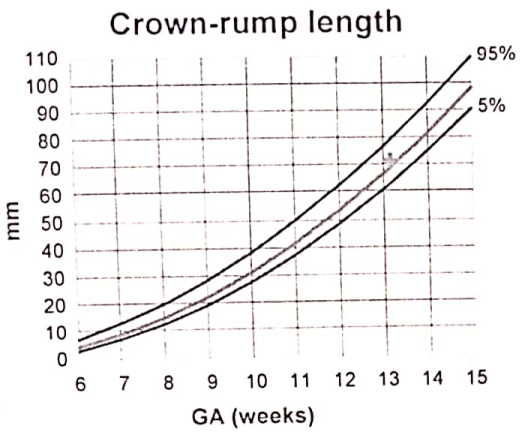
FMF Operator: Sonal Phadtare, FMF Id: 198408

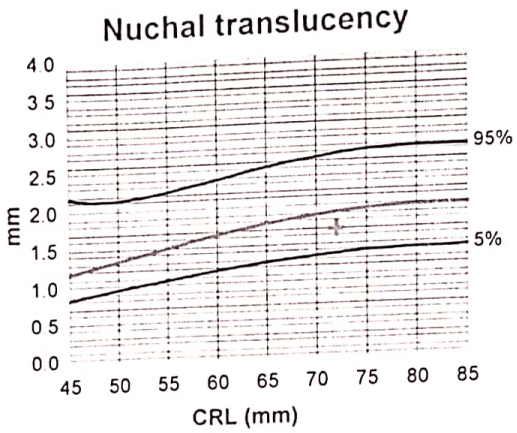
Condition	*Background risk*	*Adjusted risk*
Trisomy 21	1 in 706	1 in 5857

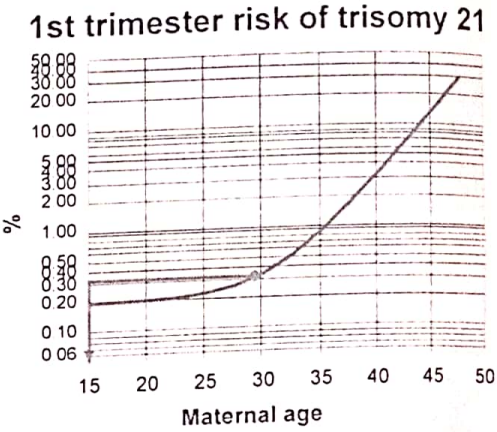
Trisomy 18	1 in 1789	1 in 7287
Trisomy 13	1 in 5595	1 in 18983

Preeclampsia before 37 weeks	1 in 42
Fetal growth restriction before 37 weeks	1 in 53
Spontaneous delivery before 34 weeks	1 in 399

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, mean arterial pressure (MAP) and uterine artery Doppler. The risk of spontaneous delivery before 34 weeks is based on maternal characteristics, obstetric history and cervical length.
Biophysical marker medians used to calculate MoMs 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-2018 software (version 4.4) 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 bee accredited by the Fetal Medicine Foundation and has submitted results for regular audit (see www.fetalmedicine.org).







Doppler ultrasound

Uterine artery	2.840
PI left	1.750
PI right	2.295
Mean PI	
RI left	0.91
RI right	0.75
Notch	**bilateral notch**
Ductus Venosus	
A-wave	positive
PIV	0.56

Cervical assessment

Cervix length	34.0 mm
Funnelling	no
Comment	normal cervical length

Conclusions

Diagnosis	No obvious fetal defects normal uterine artery Doppler and cervical length
Conclusion routine scan	adequate assessment
Recommendations	Rescan at 18- 20 weeks to assess the fetal anatomy in detail (10th to 20th January)

Comments

There is single viable intrauterine pregnancy corresponding to dates. The nuchal translucency measurements, nasal bone and fetal heart rate has reduced the maternal age related risk for chromosomal abnormalities from 1 in 706 to 1 in 5857.

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The nasal bone is present. The Tricuspid valve and Ductus venosus Doppler are normal.

I have offered the option of early risk reassessmentfor aneuploidies (free bHCG, PAPP-A,PLGF and AFP), i.e. first trimester Quadruple marker test. This also assesses the risk for fetal Neural Tube Defects (NTDs), Fetal Growth Restrictions (FGR) and maternal pre-eclampsia (PE).

The risk for maternal PE is more than 1:100, scientific evidence based on large study (the ASPRE study) from the Fetal medicine Foundation, UK, has shown that, administration of Aspirin 150mg to the mother at bedtime, would reduce the effects of PE for the mother by 50-80%.

The cervix measures 34 mm with no evidence of funneling. The uterine artery Doppler is normal for this gestation.

The detection rate for chromosomal abnormalities with various screening tests are as follows-

First trimester NT scan only- 75%
First trimester Combined (NT + maternal blood test)- 80-85%
First trimester Combined test with 1T Quad marker- early screening for aneuploidies + fetal NTDs + FGR + maternal PE- 90% detection rate
Sequential screening (Combined + 2nd trimester Quadruple at 15-19w + Genetic sonogram at 18-20w) - 95%
Maternal blood test for cell free fetal DNA- 99%
Invasive testing (CVS/Amniocentesis), which is the definitive testhas a procedure related risk of miscarriage about 1:300.

After counselling, the couple decided against invasive testing.

Please note for all the future visits to ANY SCAN CENTRE, it is mandatory by the GOI to produce prior to the scan
1. Photocopy (xerox) of Government approved photo ID card of the prospective mother (Aadhaar card, passport, voter ID, driving licences etc)
2. Referral letter from your Doctor with indication for the scan with her/ his SEAL and SIGNATURE.

Also, please keep extra time to fill GOI mandated "F- Form" before the scan which needs to be submitted online prior to the scan.

lease note:

. All anomalies cannot be ruled out on ultrasound due to technical limitations, maternal factors like amount of liquor, maternal habitus, revious scar, advanced gestational age etc. and fetal conditions like multiple pregnancies, fetal position, late appearance of few nomalies etc.
. Absence of fetal anomalies on ultrasound scan does not absolutely rule out the possibility of having one.
. The opinion reported is based on data generated by the computer, clinical correlation is required for deciding a treatment plan.

***Dr. Sonal Phadtare** (M.S OBGY; Fetal Medicine Consultant), declare that while conducting ultrasound/ image scanning on patient **Mrs.Dipali Hole**, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.*

Recommendations Rescan at 18- 20 weeks to assess the fetal anatomy in detail (10th to 20th January)

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