

### 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

PATIENT'S NAME : MRS. SHIVANI

AGE/SEX : 29Y/F

REF. BY : DR. POOJA SHRIVASTAVA ( MBBS, MS )

DATE : 02.12.2023

### OBSTETRIC USG ( EARLY ANOMALY SCAN )

LMP: 14.09.2023

GA(LMP):11wk 2d

EDD : 20.06.2024

- 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, posterior with lower edge completely covering the os .
- 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 1.2 mm ( WNL ).
- Ductus venosus shows normal flow & spectrum with positive "a" wave ( PI ~ 0.86 )

#### FETAL GROWTH PARAMETERS

■ CRL	45.8	mm	~	11	wks	3	days of gestation.
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- Estimated gestational age is 11 weeks 3 days (+/- 1 week). EDD by USG : 19.06.2024
- Internal os closed. Cervical length is WNL ( 35.5 mm ).
- Baseline screening of both uterine arteries was done with mean PI ~ 1.70 ( WNL for gestation ).

#### IMPRESSION:

- Single, live, intrauterine fetus of 11 weeks 3 days +/- 1 week.
- Gross fetal morphology is within normal limits.
- Low lying placenta with lower edge completely covering the os .

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 )

2  
14/12  
16-13/12  
18/12

# First Trimester Screening Report

Rajora Shivani

Date of birth : 25 November 1993, Examination date: 02 December 2023

Address: hno. 1/4, alisha vihar  
nayapura kolar road  
Bhopal  
INDIA

Referring doctor: DR. (MS) POOJA SHRIVASTAVA

## Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).  
Parity: 0.  
Maternal weight: 66.0 kg; Height: 162.6 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: no.  
Method of conception: Spontaneous;  
Last period: 14 September 2023

EDD by dates: 20 June 2024

## First Trimester Ultrasound:

US machine: logiq f6. Visualisation: good.  
Gestational age: 11 weeks + 2 days from dates

EDD by scan: 20 June 2024

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	165 bpm
Crown-rump length (CRL)	45.8 mm
Nuchal translucency (NT)	1.2 mm
Ductus Venosus PI	0.860
Placenta	posterior low
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:	1.70	equivalent to 0.960 MoM
Mean Arterial Pressure:	77.9 mmHg	equivalent to 0.920 MoM
Endocervical length:	35.5 mm	

## Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 616	1: 12310
Trisomy 18	1: 1367	<1: 20000
Trisomy 13	1: 4323	<1: 20000
Preeclampsia before 34 weeks		1: 2197



# अकिता विजयवर्गीय

बी. एस., डी. एम. आर. डी

र. आई. फेलोशिप :

हॉस्पिटल, मुंबई

हॉस्पिटल, मुंबई

योलाजिस्ट :

हॉस्पिटल, नोएडा

बी. हॉस्पिटल, दिल्ली

हॉस्पिटल लिमिटेड, कानपुर

लाल नेहरू कैंसर हॉस्पिटल, भोपाल

DR. ANKITA VIJAYVARGIYA  
MBBS, DMRD

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## USG WHOLE ABDOMEN

**LIVER** : Normal in size ( 14.6 cms in MCL ), shape, contour & echotexture. No evidence of any focal mass lesion . Intrahepatic biliary radicles are normal . Portal vein is normal in calibre & measures ~ 8.2 mm at porta.

**GALL BLADDER** : is normally distended. No evidence of any calculi or mass is seen. Walls appear normal. No evidence of any pericholecystic fluid or inflammatory changes at present . CBD is normal in caliber ( ~ 1.8 mm ) with clear lumen.

**PANCREAS** : normal in size, shape and echotexture . No evidence of any focal lesion or peri-pancreatic inflammatory changes.

**SPLEEN** : normal in size, shape and echotexture. It measures 8.0 Cm in long axis.

**KIDNEYS** : Both the kidneys are normal in size, shape, axis & location . Parenchyma reveals normal thickness, echotexture and well preserved cortico-medullary differentiation. **A tiny calculus ~ 2.6 mm is seen at left middle calyx** . No evidence of any hydronephrosis/ mass lesion is seen. Right kidney measures: 10.8 x 3.2 cms . Left kidney measures: 10.4 x 4.3 cms.

**URINARY BLADDER** : well distended with anechoic lumen and normal walls. No evidence of any intraluminal contents or mass lesion or wall thickening.

**UTERUS** : Gravid .

**OVARIES** : both ovaries are normal in size and echotexture with corpus luteum appreciated in right ovary . Right ovary measures 3.5 x 2.1 x 1.7 cm (vol.6.8 cc) . Left ovary measures 2.8 x 1.6 x 1.4 cm (vol.3.5 cc) . No adenexal mass or pathology is seen . No free fluid is seen in POD.

✚ Visible IVC & Aorta appear unremarkable. No evidence of lymphadenopathy. No evidence of any obvious bowel mass or pathology at present.

✚ No ascitis or localised fluid collection is seen.

## IMPRESSION :

✚ Tiny non obstructing left renal calculus .

Suggest : clinical correlation.

(DR. ANKITA VIJAYVARGIYA)

# Dr. Pooja Shrivastava

MBBS

MS (Obstetrics & Gynaecology)

Reg No. MP-4298

Trained in : Gynaecological Endoscopy Laparoscopy & Hysteroscopy. Obstetric & Gynaecological Ultrasonography Laparoscopic Sterilization & Family Planning



- Ex. Resident Gynaecologist MY Hospital Indore.
- Trained in Obstetric Ultrasonography, Wadia Hospital Mumbai.
- Ex. Consultant Gynaecologist and Sonologist Urban RCH programme J P Hospital, Bhopal.

**Obstetrician & Gynaecologist**

Consultation fee valid for 3 visits/15 days whichever is earlier in routine  
opd hours only (Monday to Saturday)



Name : MRS. SHIVANI RAJORA

Age/Sex : 29 Years / Female

LH-A-009411

Address : Kolar Road

Mobile No.: 9131125960

Date : 1-Dec-2023

By nurse - 8

BP - 112/64 mmHg

Pulse - 95 bpm

SpO2 - 94%

wt - 66.0 kg

Adm  
U/L  
U/L

Dr. Nigam 100 mg

Dr. Nigam 100 mg

Dr. Nigam 100 mg

Dr. Nigam 100 mg

Dr. Nigam 100 mg

Dr. Nigam 100 mg

Dr. Nigam 100 mg

Adm  
Double  
marker  
test

In Emergency Call : 9425005377

Email id : poojadr2003@gmail.com



Lotus Hospital

LOTUS HOSPITAL

M-351, Rajharsh Colony, Nayapura, Kolar main road, Bhopal

Ph.: 0755-4093322, 0755-4093322 808 5441332

Timing : 1:00 To 3:00 pm and 6:00 pm To 8:00 pm

Timing : 1:00 pm To 3:00 pm and 6:00 pm To 8:00 pm

Signature



(27)

mas - Shivani Rajora 29/f

Double marker.

2500/-

DOB - 25-11-1993

WT - 66 kg.

Height - 6.5.

2500/-

DOB - 25-11-1993

WT - 66 kg.

Height - 6.5.