

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 PCH programme J P Hospital, Bhopal.

Obstetrician & Gynaecologist

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



Name : MRS. GEETA KUMARI

Age/Sex : 20 Years / Female

LH-A-009380

Address : Kolar Road

Mobile No.: 9812988067

Date : 15-Dec-2023

Adm
Obstetrics
NT, NBSG
S

Jan
January
S

Feb
Sandesh
var
S

Pr. M. in eyes
No vaginal masses
cold
R

Pulse - 102/mt
BP - 120/64 mmHg
Temp - 98.2°F.
WT - 59.1kg

Dr. Anandini H. Ganguly

o TAB Cervix 10 mm

In Emergency Call : 942500557

Email id : poojadr2003@gmail.com



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

Signature

Ph.: 0755-4093322, 8085441332

Timing:- 1:00 PM to 3:00 PM and 6:00 PM to 8:00 PM

PATIENT'S NAME : MRS. GEETA

AGE/SEX : 22 Y/F

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

DATE : 15.12.2023

OBSTETRIC USG (EARLY ANOMALY SCAN) WITH PRE-ECLAMPSIA SCREENING

LMP: 20.09.2023

GA (LMP) : 12wk 2d

EDD : 26.06.2024

- Single live fetus seen in the intrauterine cavity in **variable** presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 164 beats /min.
- PLACENTA: is **grade I**, anterior & not low lying with minimal retroplacental hemorrhage .
- 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 1.3 mm (WNL).
- Ductus venosus shows normal spectrum with positive "a" wave (PI ~ 1.26).

FETAL GROWTH PARAMETERS

CRL 52.6 mm ~ 12 wks 0 days of gestation.

Estimated gestational age is 12 weeks 0 days (+/- 1 week). EDD by USG : 28.06.2024

- Internal os closed. Cervical length is WNL (32.3 mm).
- Baseline screening of both uterine arteries was done & reveals mean PI of ~ 1.36 (WNL for gestation)
- Date of Last Delivery 22.08.2023
- Gestation at delivery of last pregnancy 38 weeks 3 days .

IMPRESSION:

- Single, live, intrauterine fetus of 12 weeks 0 days +/- 1 week.
- Gross fetal morphology is within normal limits.
- Minimal retroplacental hemorrhage .

Follow up at 19-20 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 echogenicity. 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)

First Trimester Screening Report

Kumari Geeta

Date of birth : 05 August 2003, Examination date: 15 December 2023

Address: H 35 RAJHARSH COLONY
KOLAR ROAD BHOPAL
BHOPAL
INDIA

Referring doctor: DR. POOJA SHRIVASTAVA (MBBS, MS)

Maternal / Pregnancy Characteristics:

Previous chromosomally abnormal child or fetus: H/o first trimester miscarriage , one .

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

Parity: 1; Deliveries at or after 37 weeks: 1.

Maternal weight: 59.0 kg; Height: 162.6 cm.

Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: don't know; Antiphospholipid syndrome: don't know; Preeclampsia in previous pregnancy: no; Previous small baby: no; Patient's mother had preeclampsia: no.

Method of conception: Spontaneous;

Last period: 20 September 2023

EDD by dates: 26 June 2024

First Trimester Ultrasound:

US machine: voluson S8. Visualisation: good.

Gestational age: 12 weeks + 2 days from dates

EDD by scan: 26 June 2024

Findings	Alive fetus
Fetal heart activity	visualised
Crown-rump length (CRL)	52.6 mm
Nuchal translucency (NT)	1.3 mm
Ductus Venosus PI	1.260
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: 1.36 equivalent to 0.790 MoM

Mean Arterial Pressure: 87.5 mmHg equivalent to 1.050 MoM

Endocervical length: 32.3 mm

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 1060	<1: 20000
Trisomy 18	1: 2446	<1: 20000
Trisomy 13	1: 7711	<1: 20000

First Trimester Screening Report

Preeclampsia before 34 weeks

1: 4351

Fetal growth restriction before 37 weeks

1: 491

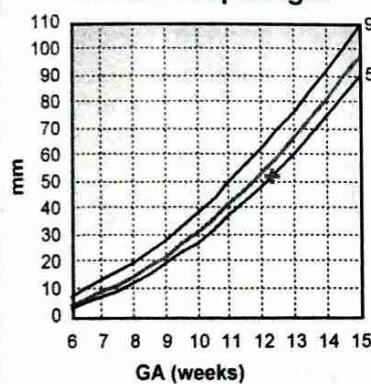
The background risk for aneuploidies is based on maternal age (20 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (fetal nuchal translucency thickness, nasal bone, tricuspid Doppler, ductus venosus Doppler).

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).

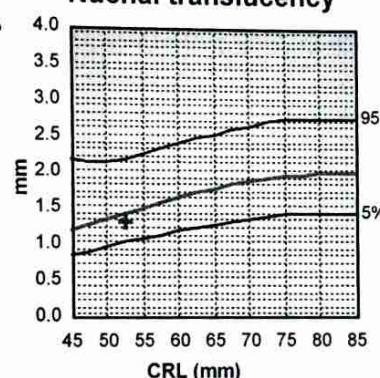
All biophysical markers are corrected as necessary according to several maternal characteristics including racial origin, weight, height, smoking, method of conception and parity.

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).

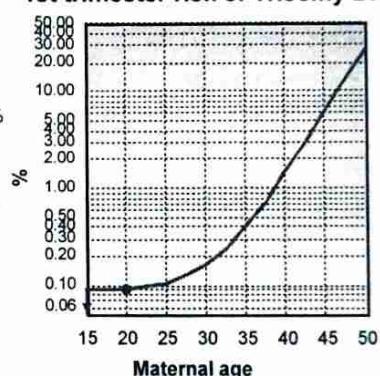
Crown-rump length



Nuchal translucency



1st trimester risk of Trisomy 21



Date :
P. No. :

Date :
P. No. :

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74 005. ~~Heena Kumar~~ 2004 Daughter
007 - 59.1 kg High → 5.4. Inj DOB - 5/08/2003
9812988062