

99 was ~~versus~~ second 3000. Double

Height \rightarrow 5.5 m

$$wT \rightarrow 20.2 \text{ kg}$$

WT \rightarrow 20.2 kg
D.O.B \rightarrow 09/11/1993
9165862211.

20 DEC 2023

BP - 121 / 70

Pulse - 98 bpm

98%

Cat - 70.2 kg

1st
Dander
Worm
then

0 Day Worm op 1st 802 - 99%
0 Day Worm op 2nd 70.2 kg
0 Day Worm op 3rd 70.2 kg

5 kg

Peri
Worm

P

आंकिता विजयवर्गीय

मि. बी. एस., डॉ. एम. आर. डी

मर. आई. फैलोशिप :

दी हॉस्पिटल, मुंबई

हॉस्पिटल, मुंबई

डेयोलाजिस्ट :

हॉस्पिटल, नोएडा

मि. बी. हॉस्पिटल, दिल्ली

हॉस्पिटल लिमिटेड, कानपुर

रत्नाल नेहरू कैंसर हॉस्पिटल, भोपाल

DR. ANKITA VIJAYVARGIYA

MBBS, DMRD

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

AGE/SEX : 30Y/F

DATE : 16.12.2023

PATIENT'S NAME : MRS. HARSHA

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

OBSTETRIC USG (EARLY ANOMALY SCAN)

LMP: 18.09.2023

GA(LMP):12wk 5d

EDD : 24.06.2024

- 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, posterior with lower edge 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 2.1 mm (WNL).
- Ductus venosus shows normal flow & spectrum with positive "a" wave (PI ~ 0.77)

FETAL GROWTH PARAMETERS

CRL	72.0	mm	~	13	wks	3	days of gestation.
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- Estimated gestational age is 13 weeks 3 days (+/- 1 week). EDD by USG : 19.06.2024
- Internal os closed. Cervical length is WNL (31.4 mm).
- Baseline screening of both uterine arteries was done with mean PI ~ 2.04 (WNL for gestation).
- Date of last delivery 27. 09. 2019 .
- Gestation at delivery of last pregnancy 35 weeks 2 days.

IMPRESSION:

- Single, live, intrauterine fetus of 13 weeks 3 days +/- 1 week.
- Gross fetal morphology is within normal limits.
- Low lying placenta with lower edge 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)

First Trimester Screening Report

Saxena Harsha

Date of birth : 09 October 1993, Examination date: 16 December 2023

Address: hno. 101, galaxy hights
mahabali kolar road
Bhopal
INDIA

Referring doctor: DR. (MS) POOJA SHRIVASTAVA

Maternal / Pregnancy Characteristics:

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

Parity: 1; 31-36 weeks: 1.

Maternal weight: 70.0 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; **Preeclampsia in previous pregnancy: yes**; Previous small baby: small; Patient's mother had preeclampsia: no.

Method of conception: Spontaneous;

Last period: 18 September 2023

EDD by dates: 24 June 2024

First Trimester Ultrasound:

US machine: logiq f6. Visualisation: good.

Gestational age: **12 weeks + 5 days** from dates

EDD by scan: 24 June 2024

Findings	Alive fetus	
Fetal heart activity	visualised	
Fetal heart rate	164 bpm	—•—
Crown-rump length (CRL)	72.0 mm	—•—
Nuchal translucency (NT)	2.1 mm	
Ductus Venosus PI	0.770	—•—
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:	2.04	equivalent to 1.350 MoM
Mean Arterial Pressure:	63.8 mmHg	equivalent to 0.740 MoM
Endocervical length:	31.4 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 650	1: 12999
Trisomy 18	1: 1648	<1: 20000
Trisomy 13	1: 5151	<1: 20000
Preeclampsia before 34 weeks		1: 979

First Trimester Screening Report

Fetal growth restriction before 37 weeks

1: 280

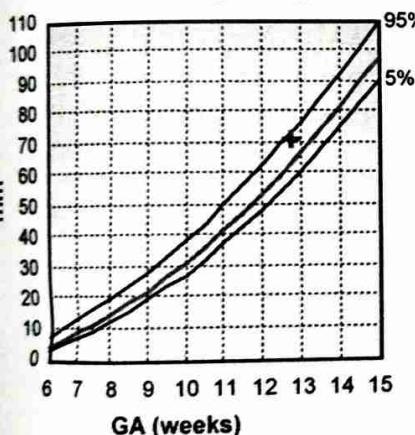
The background risk for aneuploidies is based on maternal age (30 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (fetal nuchal translucency thickness, nasal bone, tricuspid Doppler, ductus venosus Doppler, fetal heart rate).

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).

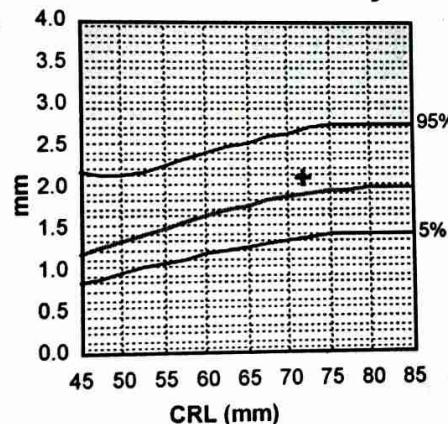
All biophysical markers are corrected as necessary according to several maternal characteristics including racial origin, weight, height, smoking, method of conception and parity.

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

