

115 Mrs SHALL PATIDAR 26 Yr Double Mom

TSH

WT  $\rightarrow$  59.8 kg

RRS-111.0

Height  $\rightarrow$  5.1 Ing

D.O.B  $\rightarrow$  16/02/1996

Reg No. MP-4298



- 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**

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

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

Name : MRS. SHALU PATIDAR

**Address :** Sanjay Nagar Colony Misrod

**Age/Sex :** 26 Years / Female

Mobile No.: 7869583808

LH-A-008093

**Date :** 22-Dec-2023

BP-10515g

pulse - 97b/min

802-994.

wt of 59.8k

Adm  
① Double  
w/outer  
tut  
② P.H.  
③ EAS-111  
Reports  
w/again

1. <sup>on</sup> Das Dashed 200  
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**In Emergency Call : 9425005377**



Lotus Hospital

**LOTUS HOSPITAL**

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

**Timing : Morning - Mon. to Sat. 11 am to 1 pm**

Evening- 6 pm to 8 pm

**Sunday - By Prior Appointment only**

Ph.: 0755-4093322, 2410500, 6262003322

**HOSHANGABAD ROAD**

**BHOPAL CITY CLINIC**

3559, Opp. Govt. PHC, Misrod Main Road, Bhopal

Timing : 1pm to 3pm

Ph.: 9755-4093322

Signature



# डॉ. अंकिता विजयवर्गीय

प. बी. बी. एस., डी. एम. आर. डी  
म. आर. आई. फेलोशिप :  
नानावटी हॉस्पिटल, मुंबई  
हिंदुजा हॉस्पिटल, मुंबई  
पूर्व रेडियोलॉजिस्ट :  
फोर्टिस हॉस्पिटल, नोएडा  
सी. टी. बी. हॉस्पिटल, दिल्ली  
जेसी हॉस्पिटल लिमिटेड, कानपुर  
जाह्निक लाल 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:

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- G.T.B HOSPITAL, DELHI
- REGENCY HOSPITAL LTD, KANPUR
- JAWAHAR LAL NEHRU CANCER HOSPITAL, BHOPAL

PATIENT'S NAME : MRS. SHALU

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

AGE/SEX : 26Y/F

DATE : 22.12.2023

## OBSTETRIC USG ( EARLY ANOMALY SCAN )

LMP: 02.10.2023

GA(LMP):11wk 4d

EDD : 08.07.2024

- Single live fetus seen in the intrauterine cavity in variable presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 149 beats /min.
- PLACENTA: is grade I, posterior & not low lying.
- 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 ~ 0.87 )

### FETAL GROWTH PARAMETERS

■ CRL 76.2 mm ~ 13 wks 5 days of gestation.

- Estimated gestational age is 13 weeks 5 days (+/- 1 week). EDD by USG : 23.06.2024
- Internal os closed. Cervical length is WNL ( 32.7 mm ).
- Baseline screening of both uterine arteries was done with mean PI ~ 1.50 ( WNL for gestation ).

### PRESSION:

- Single, live, intrauterine fetus of 13 weeks 5 days +/- 1 week – large for date ? mistaken dates ? early conception .
- Gross fetal morphology is within normal limits.

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

Patidar Shalu

Date of birth : 16 January 1996, Examination date: 22 December 2023

Address: hno. 3664, sanjay nagar  
colony misrod  
Bhopal  
INDIA

Referring doctor: DR. (MS) POOJA SHRIVASTAVA

## Maternal / Pregnancy Characteristics:

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

Parity: 0.

Maternal weight: 59.0 kg; Height: 152.4 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: 02 October 2023

EDD by dates: 08 July 2024

## First Trimester Ultrasound:

US machine: logiq f6. Visualisation: good.

Gestational age: 13 weeks + 4 days from CRL

EDD by scan: 24 June 2024

Findings	Alive fetus	
Fetal heart activity	visualised	
Fetal heart rate	149 bpm	—●—
Crown-rump length (CRL)	76.2 mm	—●—
Nuchal translucency (NT)	2.1 mm	
Ductus Venosus PI	0.870	—●—
Placenta	posterior 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:	1.50	equivalent to 0.990 MoM
Mean Arterial Pressure:	78.9 mmHg	equivalent to 0.950 MoM
Endocervical length:	32.7 mm	

## Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 831	1: 16615
Trisomy 18	1: 2145	<1: 20000
Trisomy 13	1: 6694	<1: 20000
Preeclampsia before 34 weeks		1: 1123



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आई. फेलोशिप :

हॉस्पिटल, मुंबई

स्पिटल, मुंबई

इलाजिस्ट :

स्पिटल, नोएडा

बी. हॉस्पिटल, दिल्ली

स्पिटल लिमिटेड, कानपुर

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### USG WHOLE ABDOMEN

**LIVER** : Normal in size ( 14.0 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 normal lumen.

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

**SPLEEN** : normal in size, shape and echotexture. It measures 12.2 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. Calculus ~ 5.4 mm is seen at right lower calyx and ~ 3.0 mm at left upper and lower calyx. A large heterogeneously hyperechoic solid lesion ~ 5.8 x 3.8 x 4.7 cm is seen projecting exophytically at right lower pole . color doppler reveals internal arterial vascularity . No evidence of any hydronephrosis is seen. Right kidney measures: 10.4 x 4.0 cms . Left kidney measures: 10.9 x 3.8 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 with mild PCO appearances. No adnexal mass or pathology is seen . No free fluid is seen in POD.

Superior 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 :

- ↓ Exophytic large right renal lesion as mentioned – likely fat containing ? angiomyolipoma ?? nature .
- ↓ Bilateral renal calculi .
- ↓ Normal sized ovaries with mild PCO appearance .

Next : clinical & further workup correlation.

(DR. ANKITA VIJAYVARGIYA)