

115 was small pony. same owner
754.

WT \rightarrow 59.8 kg

1983-111.0

Height \approx 5.1 In

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

Dr. Pooja Shrivastava

MBBS

MS (Obstetrics & Gynaecology)

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
Up to 10 hours only (Monday to Saturday)

Name : MRS. SHALU PATIDAR

Age/Sex : 26 Years / Female

LH-A-008093

Address : Sanjay Nagar Colony Misrod

Mobile No.: 7869583808

Date : 22-Dec-2023

AM
1. Sanitary
normal
2. P.M. 8.15-11.00 a.m.
3. Reports
Nayapura
Misrod

P
PDS Dhanbad 2m
PDS Thyagaraj 25m 34s
PDS Nalnager 8h 20m 10s
PDS Lalganj 10m
PDS Igatpuri 10m
Lalganj Nayapura 14m 10s
Misrod 6m 10s
6 day

Review
reports

In Emergency Call : 9425005377

Email id : poojadr2003@gmail.com



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, 2410600, 8262003322 80854141332

HOSHANGABAD ROAD

BHOPAL CITY CLINIC

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

Timing : 1pm to 3pm

Ph. : 0755-4093322

Signature

डॉ. अंकिता विजयवर्गीय

म. बी. बी. एस., डॉ. एम. आर. डॉ

म. आर. आई. फैलोशिप :

नावदी हॉस्पिटल, मुंबई

हंदुजा हॉस्पिटल, मुंबई

वर्ष रेडियोलॉजिस्ट :

स्टोर्टिस हॉस्पिटल, नोएडा

मी. बी. हॉस्पिटल, दिल्ली

जेसी हॉस्पिटल लिमिटेड, कानपुर

जाहर लाल नेहरू कैंसर हॉस्पिटल, भोपाल

PATIENT'S NAME : MRS. SHALU

DR. ANKITA VIJAYVARGIYA

MBBS, DMRD

FMF Certified from
Fetal Medicine Foundation

Reg. No. MP-8932

MRI FELLOWSHIPS :

• NANAVATI HOSPITAL, MUMBAI

• HINDUJA HOSPITAL, MUMBAI

FORMER RADIOLOGIST AT:

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• G.T.B HOSPITAL, DELHI

• REGENCY HOSPITAL LTD, KANPUR

• JAWAHAR LAL NEHRU CANCER HOSPITAL, BHOPAL

AGE/SEX : 26Y/F

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

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).

IMPRESSION:

- 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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हॉस्पिटल, मुंबई

स्पिटल, मुंबई

टेलाजिस्ट :

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PATIENT'S NAME : MRS. SHALU

AGE/SEX : 26Y/F

BY : DR. POOJA SHRIVASTAVA (MBBS, MS)

DATE : 22.12.2023

USG WHOLE ABDOMEN

VER : 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.

ALL 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.

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

LEEN : normal in size, shape and echotexture. It measures 12.2 Cm in long axis.

DNEYS : 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 ~ 3.0 mm at left upper and lower calyx. A large heterogeneously hyperechoic solid lesion ~ 5.8 x 3.8 x 4.7 mm 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.

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

ERUS : Gravid .

VARIES : both ovaries are normal in size with mild PCO appearances. 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.

IPRESSION:

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

Test : clinical & further workup correlation.


(DR. ANKITA VIJAYVARGIYA)