

21 DEC 2023

ULs

chance ① ② x 5d

BP - 105/72
Pulse - 109 bpm
SpO2 - 98%
wt - 56.1 kg

✓

28 DEC 2023

12am

for
Obstetric
NS, NB scan

✓

Tab Nausea 100mg
Tab fentanyl 100mg

BP 118/77

Pulse 109/min

Temp 97.8°F

wt 55.8 kg

6 days

Pain
supra

✓

30 DEC 2023

BP = 109/79 mmHg

Pulse = 101 bpm

Temp = 97.8°F

wt = 56.1 kg

for
Double
nasal
tube

0 Tab fentanyl 100mg

0 Tab Nausea 100mg

2 - 1mg morphine 14mg BP

0 Tab Nausea 100mg

Pain
supra

✓

1 more

अकिता विजयवर्गीय

बी. बी. एस., डी. एम. आर. डी
आर. आई. फेलोशिप :
बडी हॉस्पिटल, मुंबई
ना हॉस्पिटल, मुंबई
डिबोलाजिस्ट :
स हॉस्पिटल, नोएडा
डी. बी. हॉस्पिटल, दिल्ली
बी हॉस्पिटल लिमिटेड, कानपुर
एर लाल नेहरू कैंसर हॉस्पिटल, भोपाल

DR. ANKITA VIJAYVARGIYA MBBS, DMRD

MRI FELLOWSHIPS :

- NANAVATI HOSPITAL, MUMBAI
- HINDUJA HOSPITAL, MUMBAI

FORMER RADIOLOGIST AT:

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

FMF Certified from
Fetal Medicine Foundation
Reg. No. MP-8932

PATIENT'S NAME : MRS. RUPALI

AGE/SEX : 26Y/F

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

DATE : 29.12.2023

OBSTETRIC USG (EARLY ANOMALY SCAN)

LMP: 01.10.2023 (Corrected according to dating scan)

GA(LMP):12wk 5d

EDD : 07.07.2024

- Single live fetus seen in the intrauterine cavity in **variable** presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 146 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 1.8 mm (WNL).
- Ductus venosus shows normal flow & spectrum with positive "a" wave (PI ~ 0.94)

FETAL GROWTH PARAMETERS

▪ CRL 70.9 mm ~ 13 wks 2 days of gestation.

- Estimated gestational age is **13 weeks 2 days (+/- 1 week)**. EDD by USG : 03.07.2024
- Internal os closed. Cervical length is WNL (30.9 mm).
- Baseline screening of both uterine arteries was done with mean PI ~ 1.26 (WNL for gestation).
- Date of last delivery 15. 05.2021 .
- Gestation at delivery of last pregnancy 38 weeks 3 days.

PRESSION:

- ↓ Single, live, intrauterine fetus of 13 weeks 2 days +/- 1 week.
- ↓ 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

Machewar Rupali

Date of birth : 02 August 1997, Examination date: 29 December 2023

Address: hno. 43, vineet kunj kolar
road
Bhopal
INDIA

Referring doctor: DR. (MS) POOJA SHRIVASTAVA

Maternal / Pregnancy Characteristics:

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

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

Maternal weight: 55.8 kg; Height: 160.0 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: no; Previous small baby: no; Patient's mother had preeclampsia: no.

Method of conception: Spontaneous;

Last period: 01 October 2023

EDD by dates: 07 July 2024

First Trimester Ultrasound:

US machine: logiq f6. Visualisation: good.

Gestational age: 12 weeks + 5 days from dates

EDD by scan: 07 July 2024

| Findings | Alive fetus |
|--------------------------|----------------|
| Fetal heart activity | visualised |
| Fetal heart rate | 146 bpm |
| Crown-rump length (CRL) | 70.9 mm |
| Nuchal translucency (NT) | 1.8 mm |
| Ductus Venosus PI | 0.940 |
| 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: | 1.26 | equivalent to 0.800 MoM |
| Mean Arterial Pressure: | 85.2 mmHg | equivalent to 1.030 MoM |
| Endocervical length: | 30.9 mm | |

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

| Condition | Background risk | Adjusted risk |
|------------------------------|-----------------|---------------|
| Trisomy 21 | 1: 917 | 1: 18332 |
| Trisomy 18 | 1: 2312 | <1: 20000 |
| Trisomy 13 | 1: 7233 | <1: 20000 |
| Preeclampsia before 34 weeks | | 1: 4822 |

First Trimester Screening Report

1: 454

Fetal growth restriction before 37 weeks

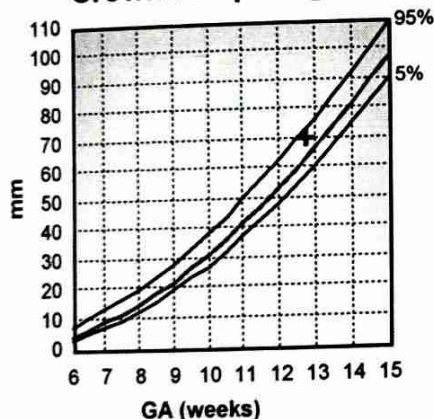
The background risk for aneuploidies is based on maternal age (26 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (fetal nuchal translucency thickness, nasal bone, tricuspid Doppler, ductus venosus Doppler, fetal heart 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).

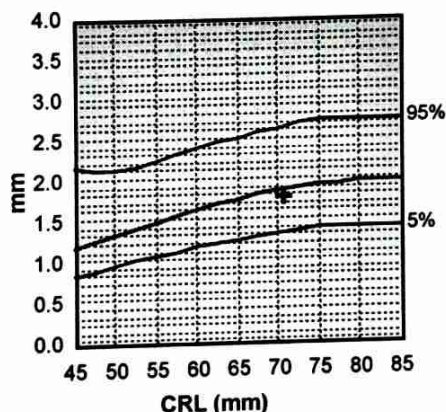
All biophysical markers are corrected as necessary according to several maternal characteristics including racial origin, weight, height, smoking, method of conception and parity.

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).

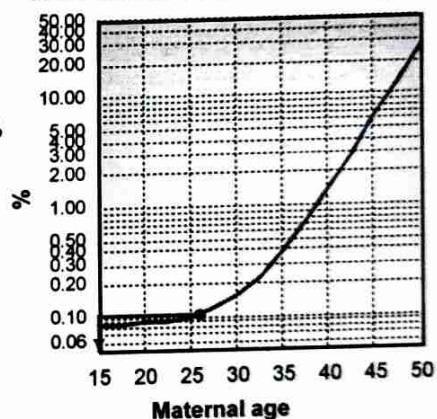
Crown-rump length



Nuchal translucency



1st trimester risk of Trisomy 21



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RUPALI MACHHEWAR 26Y11F Double
marker

Height \rightarrow 5.3 In
WT \rightarrow 56.1 Kg

D.O.B - 10/08/1997.