

Dr. Gowri Sree Vukkem

Regd. No.: 18004

MD (obgy)

Infertility Specialist (IVF, IUI)


Kadimi
Hospital

Date: 02 JAN 2024	Valid up to: 16 JAN 2024	ID - 3773.					
Name: K. Kavya w/o K. Sathish		Age: 24	<table border="1"> <tr> <td>M</td> <td></td> </tr> <tr> <td>F</td> <td>✓</td> </tr> </table>	M		F	✓
M							
F	✓						

1-1 ILSCS (EC) 3485
 2 mLG
 1vag JIPP
 1y
 1- BP 110/70 mmHg
 2/ wt 53 kg
 Pulse 100/min
 2 TNS for NT ✓ 1.1 cm.
 DST
 Rev: DST nepathlos

GPIU 2 PRLSS
 2 mA
 (12+5) mL 248

A)
 B)
 C)

LMP - 5.10.23
 BDD 12.7.24

PA: ut just palpable FHR

Rx

1. T. Syntocinon 15 - 1
2. T. Dydrogesterone 10mg (30) 1-1
3. Jm. Euberg HP 500 10 mg
wky
4. Mother's Holick (DBZ milk) 1
5. Jm. Mestranone 250mg 10 mg
wky
6. Jm. TT 1st dose

KADIMI HOSPITAL
H.No.8-2-77/22/1,Gollaguda.
NALGONDA-508 001
Mobile:9394853699

Patient name	Mrs. KAVYA SATHISH	Age/Sex	24 Years / Female
Patient ID	27744	Visit No	3
Referred by	Dr. GOWRI SREE	Visit Date	02/01/2024
LMP Date	05/10/2023 LMP EDD: 11/07/2024[12W 5D] C-EDD: 13/07/2024[12W 3D]		

OB - First Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal and Transvaginal

Single intrauterine gestation

Maternal

Cervix measured 3.40 cms in length.

CONING NIL

Right uterine PI : 1.39.

Left uterine PI : 1.52.

Mean PI : 1.45 (35%ile)

Fetus

Survey

Placenta : upper segment fundal dichorionic diamniotic.

Liquor : adequate

Umbilical cord : TRIVASCULAR ,GOOD UMBILICAL ARTERIAL FLOW.

Fetal activity : Fetal activity present

Cardiac activity : Cardiac activity present
Fetal heart rate - 173 bpm

Pregnancy comments : DUCTUS VENOSUS NORMAL
TRICUSPID REGURGITATION NORMAL

Biometry(Mediscan)

CRL - 57 mm(12W 3D)

Aneuploidy Markers

Nasal Bone : NASAL BONE SEEN

Nuchal translucency : 1.1 mm NORMAL.

Ductus venosus : Normal flow.

Tricuspid regurgitation : Normal.

Impression

Single intrauterine gestation corresponding to a gestational age of 12 Weeks 3 Days

Gestational age assigned as per biometry (CRL)

Menstrual age 12 Weeks 5 Days

Corrected EDD 13-07-2024

Placenta - upper segment fundal dichorionic diamniotic.

Liquor - adequate

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Disclaimer

Although a structural screening scan is undertaken, detection of structural anomalies will never be 100%. Detection rate varies and may be reduced by the factors like maternal obesity, abdominal scar, gestational age, inappropriate fetal position and reduced amniotic fluid volume.

All anomalies cannot be ruled out completely in single scan, serial scans are necessary to exclude progressive anomalies. USG screening does not rule out functional problems as it is only structural screening of fetus.

I, Dr. Gowri Sree, declare that while conducting ultrasonography/image scanning on MRS. KAVYA, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.



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