

08)

Mrs Jett Yarrow 29411-

TSH

Height \rightarrow 4.8 In

Neckle

marker

wt \rightarrow 43.7 kg

9713727764.

D.O.B \rightarrow 16/12/1994

Dr. Pooja Shrivastava

MBBS

MS (Obstetrics & Gynaecology)

Reg No. MP-4298

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



- 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

Name - Jyoti Yadav
Handrup

Age 129 years

LH-A-006449

Mobile No - 9713727764

Date - 2/1/2024

BP = 94/52

Pulse = 85 bpm

SPO2 = 98%

wt = 43.7 kg

M

Adv

Obst msk

NT, NB scan

Dr

Adv

TSW

Sample
marker
TWR

Dr
fbc
LFT
U - TAI

TAI Thyroid scan 5000000

TAI Naum OD 1ms

TAI Liver 1ms

TAI Triple scan 1ms

2 - 345 - long Marked Hg R
swell

Insane

Rev
apart
2

In Emergency Call : 9425005377

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LOTUS HOSPITAL

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DR. ANKITA VIJAYVARGIYA
MBBS, DMRD
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



FMF CERTIFIED FROM
FETAL MEDICINE FOUNDATION
• FOR NT/NB SCAN
• FOR PRE - ECLAMPSIA SCREENING
MRI FELLOWSHIPS :
• NANAVATI HOSPITAL, MUMBAI
• HINDUJA HOSPITAL, MUMBAI

PATIENT'S NAME : MRS. JYOTI

AGE/SEX : 29 Y/F

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

DATE : 02.01.2024

OBSTETRIC USG (EARLY ANOMALY SCAN) WITH PRE-ECLAMPSIA SCREENING

LMP: 02.10.2023

GA (LMP) : 13wk 1d

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 162 beats /min.
- PLACENTA: is grade I, anterior & 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 2.2 mm (WNL).
- Ductus venosus shows normal spectrum with positive "a" wave (PI ~ 0.72).

FETAL GROWTH PARAMETERS

- | | | | | | | | |
|-------|------|----|---|----|-----|---|--------------------|
| ▪ CRL | 74.3 | mm | ~ | 13 | wks | 4 | days of gestation. |
|-------|------|----|---|----|-----|---|--------------------|
- Estimated gestational age is **13 weeks 4 days (+/- 1 week)**. EDD by USG : 05.07.2024
 - Internal os closed. Cervical length is WNL (31.4 mm).
 - Baseline screening of both uterine arteries was done & reveals mean PI of ~ 1.96 (WNL for gestation)

IMPRESSION:

- ⚡ Single, live, intrauterine fetus of 13 weeks 4 days +/- 1 week.
- ⚡ Gross fetal morphology is within normal limits.

Follow up at 19-20 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

YADAV JYOTI

Date of birth : 16 December 1994, Examination date: 02 January 2024

Address: D-7 VILLIAM APPARTMENT
INDUS TOWN BHOPAL
BHOPAL
INDIA

Referring doctor: DR. POOJA SHRIVASTAVA (MBBS, MS)

Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 0.

Maternal weight: 43.0 kg; Height: 152.4 cm.

Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: don't know; Antiphospholipid syndrome: don't 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: voluson S8. Visualisation: good.

Gestational age: 13 weeks + 1 days from dates

EDD by scan: 08 July 2024

Findings	Alive fetus	
Fetal heart activity	visualised	
Fetal heart rate	162 bpm	
Crown-rump length (CRL)	74.3 mm	
Nuchal translucency (NT)	2.0 mm	
Ductus Venosus PI	0.720	
Placenta	anterior 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:	1.96	equivalent to 1.230 MoM
Mean Arterial Pressure:	87.5 mmHg	equivalent to 1.110 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: 745	1: 14901
Trisomy 18	1: 1908	<1: 20000
Trisomy 13	1: 5959	<1: 20000

First Trimester Screening Report

Preeclampsia before 34 weeks

1: 133

Fetal growth restriction before 37 weeks

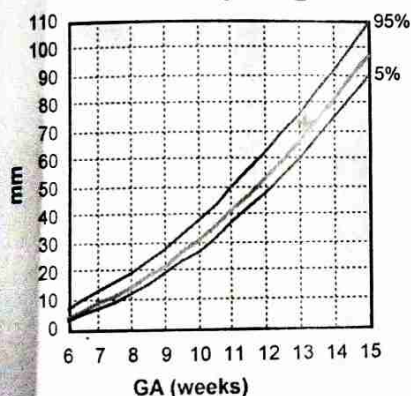
1: 47

The background risk for aneuploidies is based on maternal age (29 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).

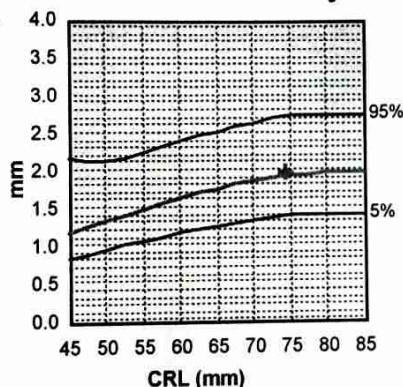
Risks for preeclampsia and fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history, uterine artery Doppler and mean arterial pressure (MAP). The adjusted risk for PE < 34 weeks or the adjusted risk for FGR < 37 weeks is in the top 10% of the population. The patient may benefit from the prophylactic use of aspirin. 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

