सिटी हॉस्पिटल एण्ड रिसर्च सेन्टर

तानगर, चौबे कॉलोनी, रायपुर (छ.ग) फोन : 0771–2253933, 4262920, मोबा.: 98261–43933

Name of Pt. **Mrs .HUMESWARI** Date- 16-12-2023

Referred by:- Dr. Vartika Mishra (MD) 2

U.S.G OF GRAVID UTERUS

- A single intrauterine embryo is seen.
- Gross motor and regular cardiac activities are noted.
- Placenta is forming **anteriorly.**
- No retro placental hematoma is noted.
- CRL = **0.56** cm corresponding to **06** Weeks **02** day of gestational age.
- FHR = **107** BPM
- Internal os of the cervix is closed.
- Both the ovaries are normal.

IMPRESSION:-

1 A single intrauterine embryo corresponding to gestational age of **6** weeks **02** days.

Adv.- **Follow up after 2weeks.**

DECLARATION OF DOCTOR/ PERSON CONDUCTION ULTRA SONOGRAPHY/ IMAGE SCANNING

I, **Dr. Sangeeta Raje** (name of the person conducting ultrasonography/ image scanning) declare that white conduction ultrasongraphy / image scanning on Mrs. HUMESHWARI I have neither detected the sex of her fetus to anybody in any manner.

Dr SANGEETA RAJE

MBBS ,DMRD

(Consultant Radiologist)

Date- 29/1/24 Wt- 56.1kg

B.P- 110/70 mmHg.

. PURVI AGRAWAL
S, DGO, DNB
OWSHIP IN FETAL MEDICINE FROM ADI
ANCED FETAL MEDICINE CENTER (BANGALORE)
L MEDICINE FOUNDATION (LONDON)
ID - 214359

KRISHNA FETAL MEDICINE CENTER

First Trimester Screening Report

SAHU MRS. HUMESHWARI

Date of birth : 16 August 1993, Examination date: 29 January 2024

Address: RAIPUR
C.G.
INDIA

Hospital no.: K 0003054

Referring doctor: DR. VARTIKA MISHRA

Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 1; Spontaneous deliveries between 16-30 weeks: 0; 31-36 weeks: 0; Deliveries at or after 37 weeks: 1.
Maternal weight: 56.6 kg; Height: 161.0 cm.
Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: no; Antiphospholipid syndrome: no; Preeclampsia in previous pregnancy: no; Previous small baby: no; Patient's mother had preeclampsia: no.
Method of conception: Spontaneous;
Last period: 29 October 2023

EDD by dates: 04 August 2024

First Trimester Ultrasound:

US machine: VOLUSON S8 CORE. Visualisation: good.
Gestational age: **13 weeks + 0 days** from CRL

EDD by scan: 05 August 2024

Findings	
Fetal heart activity	Alive fetus
Fetal heart rate	visualised
Crown-rump length (CRL)	159 bpm
Nuchal translucency (NT)	68.1 mm
Biparietal diameter (BPD)	1.3 mm
Ductus Venosus PI	21.2 mm
Placenta	1.010
Amniotic fluid	posterior low
Cord	normal
	3 vessels

Chromosomal markers:

Nasal bone: present; Tricuspid Doppler: normal.

Fetal anatomy:

Skull/brain: appears normal; Spine: appears normal; Abdominal wall: appears normal; Stomach: visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible.

Uterine artery PI:	1.28	equivalent to 0.810 MoM
Endocervical length:	32.0 mm	

KRISHNA FETAL MEDICINE CENTER

NT SCAN Check List (11-14 Weeks)

NAME: MRS. HUMESHWARI SAHU HOS ID: K0003054 DATE: 29/01/24

Sonographic fetal Anatomy	N	AB	NE
Head			
Skull, Shape	✓		
Midline Falx	✓		
Thalamus	✓		
Ventricles and Aqeduct	✓		
IT	✓		
Face			
RNT	✓		
Mandibular Gap	✓		
Ear	✓		
Orbits	✓		
Thorax			
Shape	✓		
Lungs	✓		
Heart			
Size & Axis	✓		
4 chamber	✓		
3 V View	✓		
Tricuspid Flow	✓		
Abdomen			
Stomach	✓		
Diaphragm	✓		
Bladder	✓		
3 v Cord	✓		
Cord insertion	✓		
Spine			
All three planes	✓		
Limbs			
Right arm (Incl hand)	✓		
Right Leg (Incl Foot)	✓		
Left arm (Incl hand)	✓		
Left arm (Incl Foot)	✓		

Technical condition:

- Good ✓
- Limited by: Adiposity, Fetal position, Oligohydramnios

Gestational age by (LMP/Scan): 13 Wk 0 D

USG age: 13 Wk 0 D

Cervix: 3.2 cms.

Uterine A PI Lt: 0.93 Rt: 1.62

FHB: 159 BPM

NT 1.3 NB: 1.9 IT: 2.7

CRL: 68.1 cms.

NT K Angle: ✓

Digits: ✓

DV Doppler: 1.01

BPD: 21.6 mm.

Kidneys: ✓

Situs: ✓

Placenta: POSTERIOR. (OW

Conclusion:

- Normal and complete examination ✓
- Normal with finding &complete exam
- Abnormal and complete examination

N: Normal, AB: Abnormal, NE: Not examined

Dr. Purvi Agrawal ★ Reg. No. [illegible]

KRISHNA FETAL
MEDICINE CENTER

First Trimester Screening Report

Risks / Counselling:

Patient counselled and consent given.

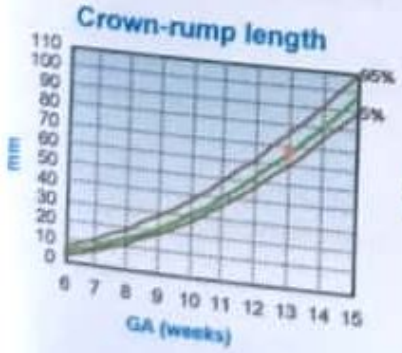
Operator: Purvi Agrawal, FMF Id: 214359

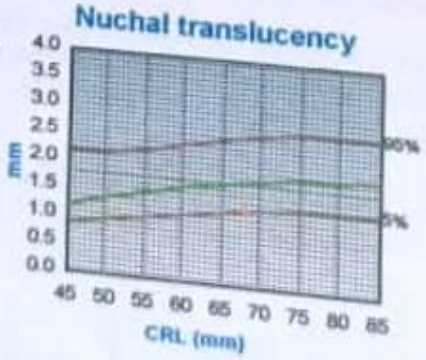
Condition	*Background risk*	*Adjusted risk*
Trisomy 21	1: 622	1: 12439
Trisomy 18	1: 1549	1: 8937
Trisomy 13	1: 4852	<1: 20000
Preeclampsia before 34 weeks		1: 3465
Preeclampsia before 37 weeks		1: 613
Preeclampsia before 42 weeks		1: 59
Fetal growth restriction before 37 weeks		1: 424
Spontaneous delivery before 34 weeks		1: 197

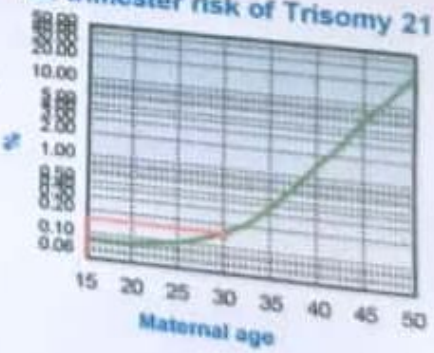
The background risk for aneuploidies is based on maternal age (30 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (fetal nuchal translucency thickness, nasal bone, tricuspid Doppler, fetal heart rate).

Risks for preeclampsia and fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history and uterine artery Doppler.
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).







Comments

- SINGLE LIVE INTRA UTERINE GESTATION.
- ESTIMATED GESTATIONAL AGE BY FETAL BIOMETERY: 13 Week 0 Days +/- 1 Week.

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First Trimester Screening Report

* NO OBVIOUS SONOLOGICAL STRUCTURAL ABNORMALITIES DETECTED FOR THE GESTATION

* NT, NB AND TRICUSPID FLOW WITH IN NORMAL LIMITS

* NORMAL ENDOCERVICAL LENGTH: 3.2 cm

* UTERINE ARTERY DOPPLERS: SCREEN NEGATIVE FOR PET

* AGREED EDD (AS PER LMP): 04/08/2024

**COMMENTS:

After detailed NT scan, the risk of Down's syndrome has reduced from
1: 622 (Background risk based on maternal age) to

T 21 IS 1: 12439 (Based on NT+ NB + Tricuspid Flow + FHR)

T 18 IS 1: 8937 (Based on NT+ NB + Tricuspid Flow + FHR)

T 13 IS 1: 20000 (Based on NT+ NB + Tricuspid Flow+ FHR)
(Risk estimate at current gestation)

I have explained that this is risk assessment only and chromosomal abnormalities can not be diagnosed by ultrasound and or blood test.

The only way to know the chromosmal make up of the fetuses is by Invasive tests.
I have explained different screening tests and their limitation.

SUGGESTED DUAL MARKER TEST.

Please note:
All abnormalities and genetic syndromes cannot be ruled out by ultrasound examination.

The Ultrasound examination has its own limitations. Some abnormalites evolve as the gestation advances. The pick up rate of abnormality depends on gestational age of the fetus, fetal position, tissue pentration of sound waves, and patients body habitus.

Declaration:
, Dr. PURVI AGRAWAL, declare that while conducting ultrasonography on Mrs. HUMESHWARI SAHU, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Best wishes,

DR. PURVI AGRAWAL
MBBS, DGO, DNB, FETAL MEDICINE
CG Reg No: 6950/2016

hank you for the courtesy of this referral.
he report expressed is subject to the inherent limitations of the modality. Always correlate linically and with other investigations to arrive at the final diagnosis. The report and films are not alid for medicolegal purpose.

Ground Floor, SRS Chamber, Krishna Adlabs
Beside Agrasen Hospital

Height - 5.3

DOB - 16/08/1993

Weight - 56.1 kg