



త్రివేణి హాస్పిటల్

TRIVENI HOSPITAL



Dr. G. TRIVENI

M.B.B.S., M.S.(Obgy.)
Obstetrician & Gynaecologist
Infertility Specialist
Regd. No. 52814

గ్రీన్లాండ్ హాస్పిటల్ గేటు ఎదురుగా, డాక్టర్స్ కాలనీ, నల్లగొండ

సంప్రదించు వేళలు:
ప్రతిరోజు ఉ. గం. 10-00 నుండి రాత్రి గం. 7-00 వరకు
ఆదివారం ఉ. గం. 10-00 నుండి మ. గం. 2-00 వరకు

Cell: 7569550452, 6302900950

డా॥ జి. త్రివేణి

M.B.B.S., M.S., (Obgy.)
ప్రసూతి మరియు స్త్రీల వ్యాధి విపులము
Regd No. 52814

Pt.'s Name Mrs. Mainaz w/o Akkhar vii Mallepally Age 20 Sex F

GPLAD

UMA Hypothyroidism

W : 44kg

Temp : 97.6F

PR : 82mt

BP : 110/70mm/Hg

Heart : S3S4

Lungs : NAD

DOB: 15-08-2002

Adm
Double molar

ClO Nausea

81C 40.6mm

Afex

PR 106

PIA - ut full

relax

PR ut Brkly

Date: 30/1/24

Valid Upto 13/2/24

LMP : 21-10-23

EDD : 26-07-24

S.EDD: -

ML : -

Consanguinity Yes/No.

Menstrual Periods:

Reg/Irregular

R

1. T. Pand
1-150

2. T. Vankies
1-150

3. T. Folkard
1-150

4. PLPnotpowd
cure

5. T. Coca-7
+150

T. Escorpin 150mg
1-150

T. Cyclopal 10mg
1-150

T. Alquter SA
200mg
+

24831535

First Trimester Screening Report

Kalpana Fetal Medicine and Scan Center

Protecting the Precious...

MRS MINAZ BEGUM

Date of birth : 15 August 2002, Examination date: 30 January 2024

Address: NALGONDA

Hospital no.: KFC10553

Mobile phone: 9177481805

Referring doctor: TRIVENI

Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 0.
Maternal weight: 44.0 kg; Height: 150.0 cm.
Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: no; Antiphospholipid syndrome: no; Patient's mother had preeclampsia: no.
Method of conception: Spontaneous;
Last period: 21 October 2023

EDD by dates: 27 July 2024

First Trimester Ultrasound:

US machine: E 6. Visualisation: good.

Gestational age: 12 weeks + 4 days from CRL

EDD by scan: 09 August 2024

Findings

Fetal heart activity: Alive fetus
Fetal heart rate: visualised
Crown-rump length (CRL): 162 bpm
Nuchal translucency (NT): 61.0 mm
Biparietal diameter (BPD): 1.4 mm
Ductus Venosus PI: 20.0 mm
Placenta: 0.800
Amniotic fluid: anterior low normal

Chromosomal markers:

Nasal bone: present; Tricuspid Doppler: normal.

Fetal anatomy:

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

Uterine artery PI:

Endocervical length:

6.40

31.0 mm

equivalent to 3.760 MoM

Risks / Counselling:

Patient counselled and consent given.

Operator: Lekkala Kalpana, FMF Id: 173593

Condition

Trisomy 21

Trisomy 18

Trisomy 13

Preeclampsia before 34 weeks

Fetal growth restriction before 37 weeks

Background risk

1: 1067

1: 2570

1: 8073

Adjusted risk

1: 18504

1: 13073

<1: 20000

1: 7

1: 6

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8-2-71/1/ఎ. గ్రీన్లాండ్ హాస్పిటల్ ఎదురుగా, డాక్టర్స్ కాలనీ, నల్గొండ - 508 001. తెలంగాణ
For Appointment : ☎ +91 8522 856 854 | +91 9704 234 016

Kalpna Fetal Screening Report

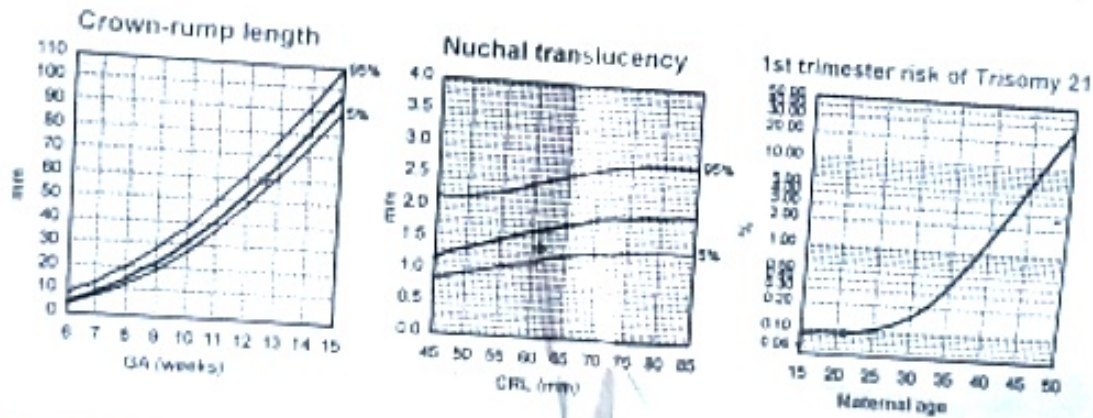
Fetal Medicine and Scan Center

Protecting the Precious...

The background risk for aneuploidies is based on maternal age (21 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, fetal heart rate).

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



Comments

Single live intra uterine fetus corresponding to 12 weeks 4 days.

Down syndrome screen negative based on NT scan.

Uterine doppler shows high resistance flow. Suggested to Tab Aspirin upto 36 weeks.

Suggested **DOUBLE MARKER**.

Suggested **TIFFA SCAN** at 19 to 20 weeks. (Mar 19th to 21st)

I, Dr. L. Kalpna reddy, declared that while conducting ultrasonography / imaging scanning on Mrs. MINAZ, I have neither detected nor disclosed the sex of fetus to any body in any manner.

DR. L. KALPANA REDDY
FETAL MEDICINE CONSULTANT

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