



త్రివేణి హాస్పిటల్

TRIVENI HOSPITAL



గ్రీన్లాండ్ హాస్పిటల్ గేటు ఎదురుగా, డాక్టర్స్ కాలనీ, నల్లగొండ

Dr. G. TRIVENI

M.B.B.S., M.S. (Obgy.)

Obstetrician & Gynaecologist

Infertility Specialist

Regd. No. 52814

సంప్రదించు వేళలు :

ప్రతిరోజు ఉ. గం. 10-00 నుండి రాత్రి గం. 7-00 వరకు

ఆదివారం ఉ. గం. 10-00 నుండి మ. గం. 2-00 వరకు

డా॥ జి. త్రివేణి

M.B.B.S., M.S., (Obgy.)

ప్రమాతి మరియు స్త్రీల వ్యాధి నిపుణులు

Regd. No. 52814

12:30 pm Cell: 7569550452, 6302900950

Pt's Name: Anusha w/o Ashok vii manidila Age 23 Sex F

GPLAD

E 3MA

Date: 13/02/24

Valid Upto: 27/02/24

Wt: 85 kgs

Temp: 97

PR: 80mt

BP: 100/70 mm/Hg

Heart: S1S2

Lungs: ARD

DOB: 23-05-2001

clo weaker

o/c Gc: Pain

Afeln

PR-806

PA-Soft

Non-tender

PA. at Bulk

LMP: 21-11-23

EDD: 27-06-24

S.EDD:

ML:

Consanguinity Yes/No.

Menstrual Periods:

Reg/Irregular

A0013823

Adw

ANC, HbA1c

TSH

Double marker

1st dose
77 1CC 1-11

R

1. T. Pand

1-150

2. T. Follik

1-150

3. T. Algester SR

200mg

1-150

4. T. Calbid CT

1-150

13/3/24

Cervical length

Scan

Medicine and Scan Center

Protecting the Precious...

MRS ANUSHA

Date of birth : 23 May 2001, Examination date: 13 February 2024

Address: NALGONDA

Hospital no.: KFC2432

Referring doctor: TRIVENI

Mobile phone: 9346245509

Maternal / Pregnancy Characteristics:

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

Parity: 2; Deliveries at or after 37 weeks: 2.

Maternal weight: 84.0 kg; Height: 152.0 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: 21 November 2023

EDD by dates: 27 August 2024

First Trimester Ultrasound:

US machine: E 6. Visualisation: good.

Gestational age: 12 weeks + 0 days from dates

EDD by scan: 27 August 2024

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	162 bpm
Crown-rump length (CRL)	57.0 mm
Nuchal translucency (NT)	1.9 mm
Biparietal diameter (BPD)	21.0 mm
Ductus Venosus PI	0.900
Placenta	anterior low
Amniotic fluid	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: 1.35 equivalent to 0.840 MoM

Endocervical length: 32.0 mm

Risks / Counselling:

Patient counselled and consent given.

Operator: Lekkala Kalpana, FMF Id: 173593

Condition	Background risk	Adjusted risk
Trisomy 21	1: 1028	1: 10898
Trisomy 18	1: 2427	1: 13758
Trisomy 13	1: 7636	<1: 20000
Preeclampsia before 34 weeks		1: 885

Page 1 of 2 printed on 13 February 2024 - MRS ANUSHA examined on 13 February 2024.

8-2-71/1/ఎ. గ్రీన్‌లాండ్ హాస్పిటల్ ఎదురుగా, డాక్టర్స్ కాలనీ, నల్గొండ - 508 001. తెలంగాణ

For Appointment : ☎ +91 8522 856 854 | +91 9704 234 016

Fetal Medicine and Scan Centre

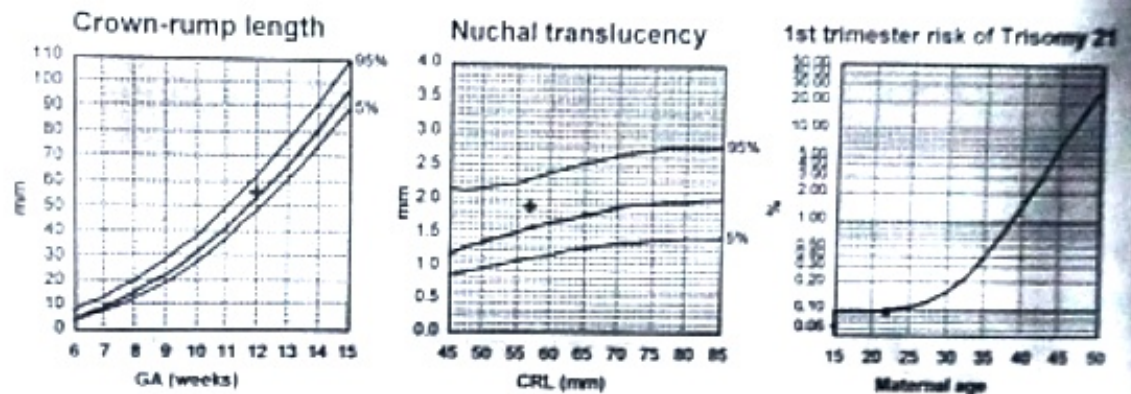
Fetal growth restriction before 37 weeks

Protecting the Doctor
1: 451

The background risk for aneuploidies is based on maternal age (22 years). The adjusted risk is based on 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. 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 0 days.

Down syndrome screen negative based on NT scan.

Suggested DOUBLE MARKER.

Suggested cervical length at 16 weeks.

Suggested TIFFA SCAN at 19 to 20 weeks. (Apr 4th to 8th)

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

DR. L. KALPANA REDDY
FETAL MEDICINE CONSULTANT