



త్రివేణి హాస్పిటల్

TRIVENI HOSPITAL



గ్రీన్లాండ్ హాస్పిటల్ గేటు ఎదురుగా, డాక్టర్స్ కాలనీ, పల్లెగొండ

Dr. G. TRIVENI

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

సంప్రదించు పోలు:

ప్రసవాలకు ఉ. గం. 10-00 నుండి రాత్రి గం. 7-00 వరకు
ఆరువారం ఉ. గం. 10-00 నుండి మ. గం. 2-00 వరకు

Cell: 7569550452, 6302900950

డా॥ జి. త్రవేణి

M.B.B.S., M.S. (Obgy.)
ప్రమాణ మరయు స్త్రీల వ్యాధి నిపుణులు
Regd. No. 52814

Patient's Name: Mrs. Radha w/o. Eshwarraoj Vill. N/6 Age 22 Sex F

G PLAD

3 MA 2 Hg

Wt: 46kg

BP: 92/60

HR: 82b/min

IP: 100/170mmHg

Heart: S1, S2

Lungs: Clear

C/O GC

PR

PA-Soff

Navlin

BSA

Ans. ut Bcm

Date: 10/2/24

Valid Upto: 24/2/24

LMP: 15-11-23

EDD: 22-08-24

S.EDD: 6-09-24

ML:

Consanguinity Yes/No.

Menstrual Periods:

Reg/Irregular

BAT, BT & CT
Vital marker
HbA1C

DOB: 14-08-2001

001405

24/2/24

1

1. T. Venkatesh

1-150

2. T. Alister

2001

1-150

3. T. Rao

1-150

4. T. Pothu

8-100

P & Post partum
Care

MRS RADHA

Date of birth: 14 August 2001. Examination date: 23 February 2024

Address: NALGONDA

Hospital no.: KFC12533

Mobile phone: 9553646574

Referring doctor: TRIVENI

Maternal / Pregnancy Characteristics:

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

Parity: 0.

Maternal weight: 44.0 kg; Height: 152.0 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: 15 November 2023

EDD by dates: 21 August 2024

First Trimester Ultrasound:

US machine: E 6. Visualisation: good.

Gestational age: 12 weeks + 5 days from CRL

EDD by scan: 01 September 2024

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	168 bpm
Crown-rump length (CRL)	63.0 mm
Nuchal translucency (NT)	1.5 mm
Biparietal diameter (BPD)	21.0 mm
Ductus Venosus PI	0.500
Placenta	posterior 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:	13.90	equivalent to 8.260 MoM
EC cervical length:	35.0 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: Lekkala Kalpana, FMF Id: 173593

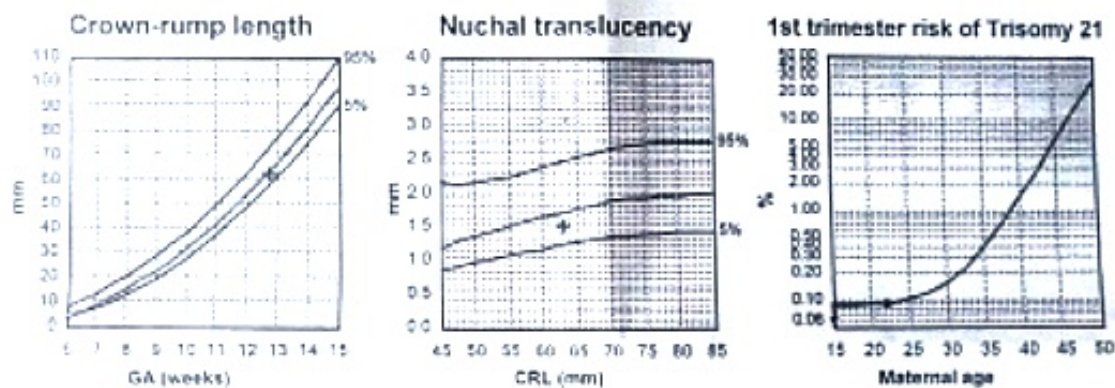
Condition	Background risk	Adjusted risk
Trisomy 21	1: 1049	1: 15862
Trisomy 18	1: 2552	1: 12349
Trisomy 13	1: 8009	<1: 20000
Preeclampsia before 34 weeks		1: 8
Fetal growth restriction before 37 weeks		1: 6

Kalpana Fetal Medicine and Scan Center

Protecting the Precious...
The background risk for aneuploidies is based on maternal age (22 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 5 days.

Down syndrome screen negative based on NT scan.

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

Suggested DOUBLE MARKER.

Suggested TIFFA SCAN at 19 to 20 weeks. (Api 10th to 15th)

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

DR. L. KALPANA REDDY
FETAL MEDICINE CONSULTANT