త్రివేణి హాస్పిటల్
TRIVENI HOSPITAL

గ్రీన్‌లాండ్ హాస్పిటల్ గేటు ఎదురుగా, డాక్టర్స్ కాలని, 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

Cell: 7569550452, 6302900950

డా॥ జి. త్రివేణి
M.B.B.S., M.S., (Obgy)
ప్రసూతి మరియు స్త్రీల వ్యాధి నిపుణులు
Regd. No. 52814

Pt.'s Name. Mrs. Vasundhara w/o Saidulu vill Nalgonda Age 24 Sex F

GPLAD c̄ 3MA c̄ PTNUP

Date: 19/3/24
Valid Upto. 2/4/24

Wt : 70Kgs
Temp : 97.5 F°
PR : 82 /mt
BP : 120/80 mmHg
Heart : S1 S2 (+)
Lungs : NAD
DOB: 12-04-2000

C/O Nausea
O/E GC: Fair
Afebrile
PR: N
PA - cut pallor relaxed
PV [illegible]

LMP : 22-12-2023
EDD :
S.EDD:
ML :
Consanguinity Yes/No.
Menstrual Periods: Reg/Irregular

AC0144649

ADO
DM
2/4/24/SOS

R
1. T. Pan D
1 — 15d
2. T. Vomikind
1 — 15d
3. T. Folteuthan
— 1 15d
4. T. Calci-7
— 1 15d

T. Ecosprin 150mg
— 1 15d
T. Algestan Shabong
1 — 15d

Kalpana Fetal Medicine and Scan Center

Protecting the Precious...

MRS VASUNDHARA

Date of birth : 12 April 2000, Examination date: 19 March 2024

Address: NALGONDA

Hospital no.: KFC13036

Mobile phone: 8074220857

Referring doctor: TRIVENI

Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 1; Deliveries at or after 37 weeks: 1.
Maternal weight: 70.0 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: 22 December 2023

EDD by dates: 27 September 2024

First Trimester Ultrasound:

US machine: E 6. Visualisation: good.
Gestational age: **12 weeks + 4 days** from dates

EDD by scan: 27 September 2024

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	146 bpm
Crown-rump length (CRL)	60.0 mm
Nuchal translucency (NT)	1.7 mm
Biparietal diameter (BPD)	23.0 mm
Ductus Venosus PI	0.700
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:	3.00	equivalent to 1.860 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: 1001	1: 16366
Trisomy 18	1: 2398	1: 12502
Trisomy 13	1: 7536	<1: 20000
Preeclampsia before 34 weeks		**1: 59**

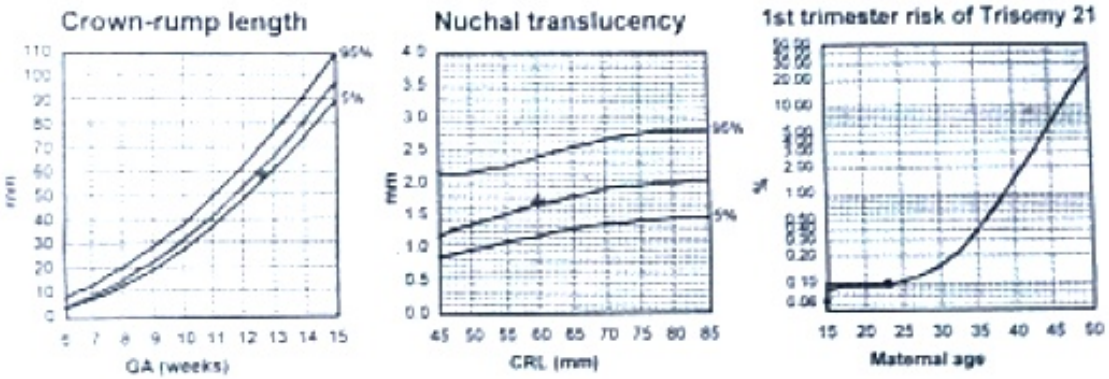
#8-2-71/1/ఎ, గ్రీన్‌లాండ్ హాస్పిటల్ ఎదురుగా, డాక్టర్స్ కాలనీ, నల్గొండ - 508 001. తెలంగాణ
For Appointment : +91 8522 856 854 | +91 9704 234 016

etal growth restriction before 37 weeks 1: 67

The background risk for aneuploidies is based on maternal age (23 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 Asprin upto 36 weeks.

Suggested DOUBLE MARKER.

Suggested TIFFA SCAN at 19 to 20 weeks. (May 6th to 10th)

I,Dr.L.Kalpana reddy,declared that while conducting ultrasonography / imaging scanning on Mrs.VASUNDHARA,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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