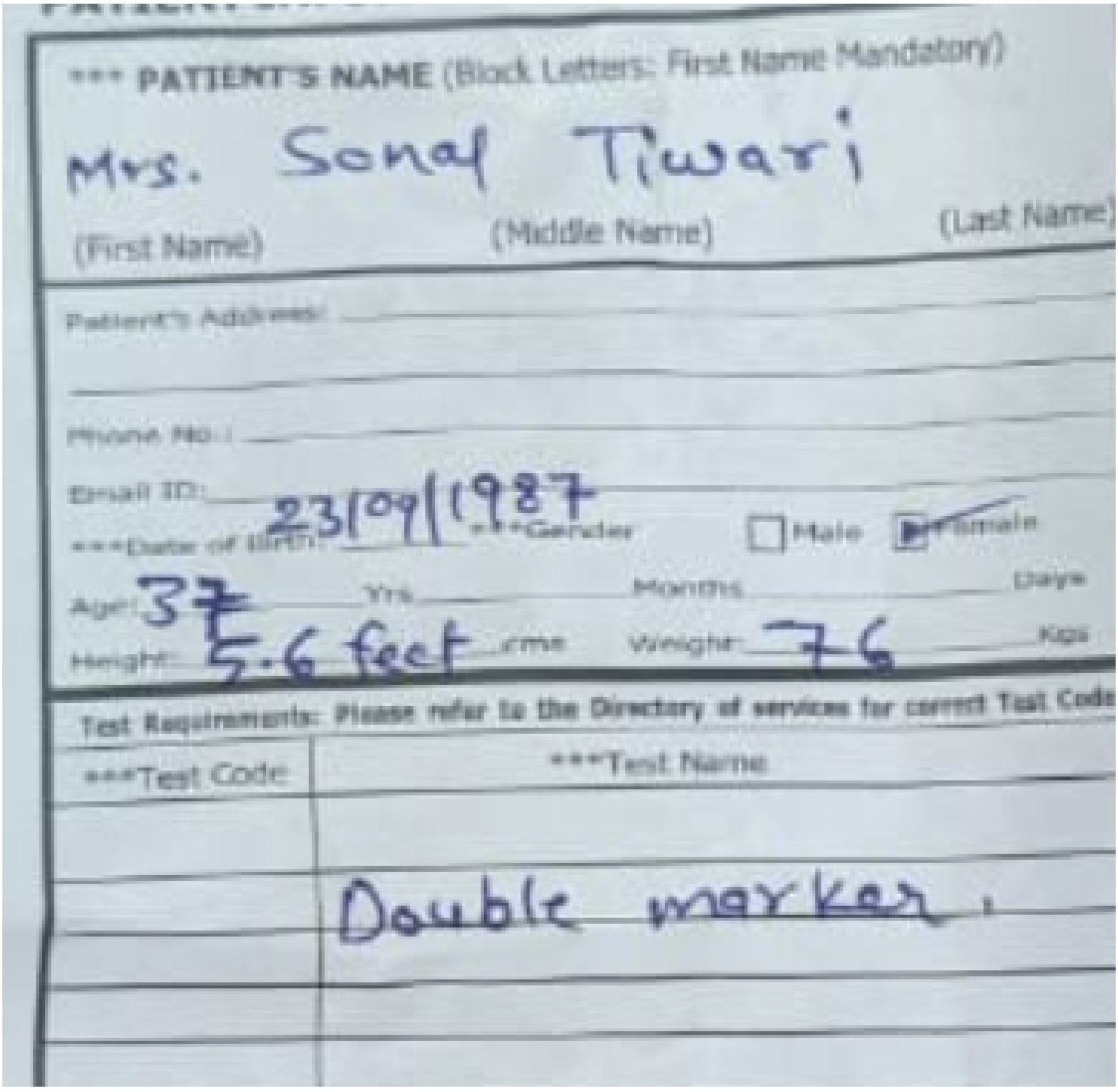


*** PATIENT'S NAME (Block Letters: First Name Mandatory)

Mrs. Sonal Tiwari

(First Name) (Middle Name) (Last Name)

Patient's Address:

Phone No.:

Email ID:

***Date of Birth: 23/09/1987 ***Gender ☐ Male ☑ Female

Age: 37 Yrs Months Days

Height: 5.6 feet cms Weight: 76 Kgs

Test Requirements: Please refer to the Directory of services for correct Test Code

***Test Code	***Test Name
	Double marker

डॉ. अंकिता विजयवर्गीय
एम. बी. बी. एस., डी. एम. आर डी
एम. आर आई. फैलोशिप :
नानावटी हॉस्पिटल, मुंबई
हिंदुजा हॉस्पिटल, मुंबई
पूर्व रेडियोलाजिस्ट :
फोर्टिस हॉस्पिटल, नोएडा
जी. टी . बी. हॉस्पिटल, दिल्ली
रीजेंसी हॉस्पिटल लिमिटेड, कानपुर
जवाहर लाल नेहरू कैंसर हॉस्पिटल, भोपाल

DR. ANKITA VIJAYVARGIYA
MBBS, DMRD
MRI FELLOWSHIPS :
- NANAVATI HOSPITAL, MUMBAI
- HINDUJA HOSPITAL, MUMBAI

FORMER RADIOLOGIST AT:
- FORTIS HOSPITAL, NOIDA
- G.T.B HOSPITAL, DELHI
- REGENCY HOSPITAL LTD, KANPUR
- JAWAHAR LAL NEHRU CANCER HOSPITAL, BHOPAL

FMF Certified from Fetal Medicine Foundation
Reg. No. MP-8932

PATIENT'S NAME : MRS. SONAL **AGE/SEX : 36Y/F**

REF. BY : DR. PRIYANKA TIWARI (MBBS,MS) **DATE :22.03.2024**

OBSTETRIC USG (EARLY ANOMALY SCAN)

LMP: 15.12.2023 **GA(LMP):14wk 0d** **EDD : 20.09.2024**

- **Single live fetus** seen in the intrauterine cavity in **variable** presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 160 beats /min.
- PLACENTA:is **grade I,posterior with lower edge just covering the os with mild retro placental hemorrhage is seen in lower segment.**
- LIQUOR: **is adequate** for the period of gestation.

Fetal morphology for gestation appears normal.

- **Cranial ossification appears normal. Midline falx is seen. Choroid plexuses are seen filling the lateral ventricles. No posterior fossa mass seen. Spine is seen as two lines. Overlying skin appears intact.**
- **Both orbits & lens seen. PMT is intact . No intrathoracic mass seen. No TR .**
- **Stomach bubble is seen. Bilateral renal shadows is seen. Anterior abdominal wall appears intact.**
- **Urinary bladder is seen, appears normal. 3 vessel cord is seen.**
- **All four limbs with movement are seen. Nasal bone well seen & appears normal. Nuchal transluscency measures 2.2 mm (WNL).**
- **Ductus venosus shows normal flow & spectrum with positive "a" wave (PI ~ 0.74)**

FETAL GROWTH PARAMETERS					
• CRL	68.7 mm	~	13 wks	1 days of gestation.	

- Estimated gestational age is **13 weeks 1 days** (+/- 1 week). **EDD by USG** : 26.09.2024
- Internal os closed. Cervical length is WNL (31.2 mm).
- **Baseline screening of both uterine arteries was done with mean PI ~ 0.70 (Low for gestation).**
- **Date of last delivery 22.06.2018 .**
- **Gestation at delivery of last pregnancy 40 weeks 2 days.**

IMPRESSION:

- **Single, live, intrauterine fetus of 13 weeks 1 days +/- 1 week.**
- **Gross fetal morphology is within normal limits**
- **Low lying placenta with lower edge just covering the os with mild retro placental hemorrhage in lower segment.**

Follow up at 19-22 weeks for target scan for detailed fetal anomaly screening.

Declaration : I have neither detected nor disclosed the sex of the fetus to pregnant woman or to anybody. (It must be noted that detailed fetal anatomy may not always be visible due to technical difficulties related to fetal position, amniotic fluid volume, fetal movements, maternal abdominal wall thickness & tissue ecogenicity. Therefore all fetal anomalies may not be detected at every examination. Patient has been councelled about the capabilities & limitations of this examination.)

(DR. ANKITA VIJAYVARGIYA)

First Trimester Screening Report

Tiwari Sonal

Date of birth : 23 September 1987, Examination date: 22 March 2024

Address: hno. 186- 187, shirdipuram
colony kolar road
Bhopal
INDIA

Referring doctor: Dr. Priyanka tiwari

Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 1; Deliveries at or after 37 weeks: 1.
Maternal weight: 76.0 kg; Height: 167.6 cm.
Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: dont know; Antiphospholipid syndrome: dont know; Preeclampsia in previous pregnancy: no; Previous small baby: no; Patient's mother had preeclampsia: no.
Method of conception: Spontaneous;
Last period: 15 December 2023 EDD by dates: 20 September 2024

First Trimester Ultrasound:

US machine: logiq f6. Visualisation: good.
Gestational age: **14 weeks + 0 days** from dates EDD by scan: 20 September 2024

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	160 bpm
Crown-rump length (CRL)	68.7 mm
Nuchal translucency (NT)	2.2 mm
Ductus Venosus PI	0.740
Placenta	posterior low
Amniotic fluid	normal
Cord	3 vessels

Chromosomal markers:
Nasal bone: present; Tricuspid Doppler: normal.

Fetal anatomy:
Skull/brain: appears normal; Spine: appears normal; Heart: No TR.; Abdominal wall: appears normal; Stomach: visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible; both orbits & lens seen . PMT is intact.

Uterine artery PI:	0.70	equivalent to 0.460 MoM
Mean Arterial Pressure:	73.8 mmHg	equivalent to 0.850 MoM
Endocervical length:	31.2 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	*Background risk*	*Adjusted risk*
Trisomy 21	1: 198	1: 2438
Trisomy 18	1: 495	1: 2644
Trisomy 13	1: 1551	<1: 20000

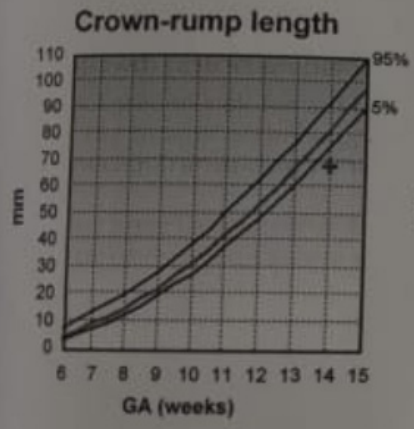
First Trimester Screening Report

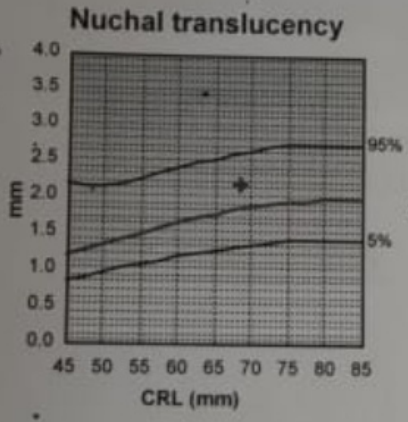
Preeclampsia before 34 weeks	
Fetal growth restriction before 37 weeks	<1: 20000
	1: 378

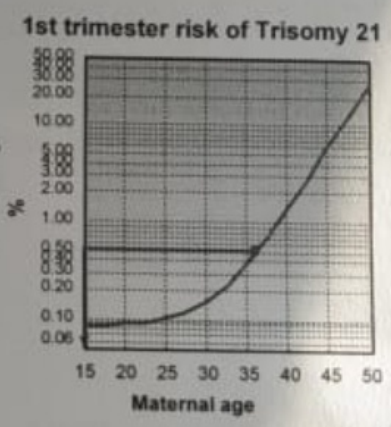
The background risk for aneuploidies is based on maternal age (36 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (fetal nuchal translucency thickness, nasal bone, tricuspid Doppler, fetal heart rate).

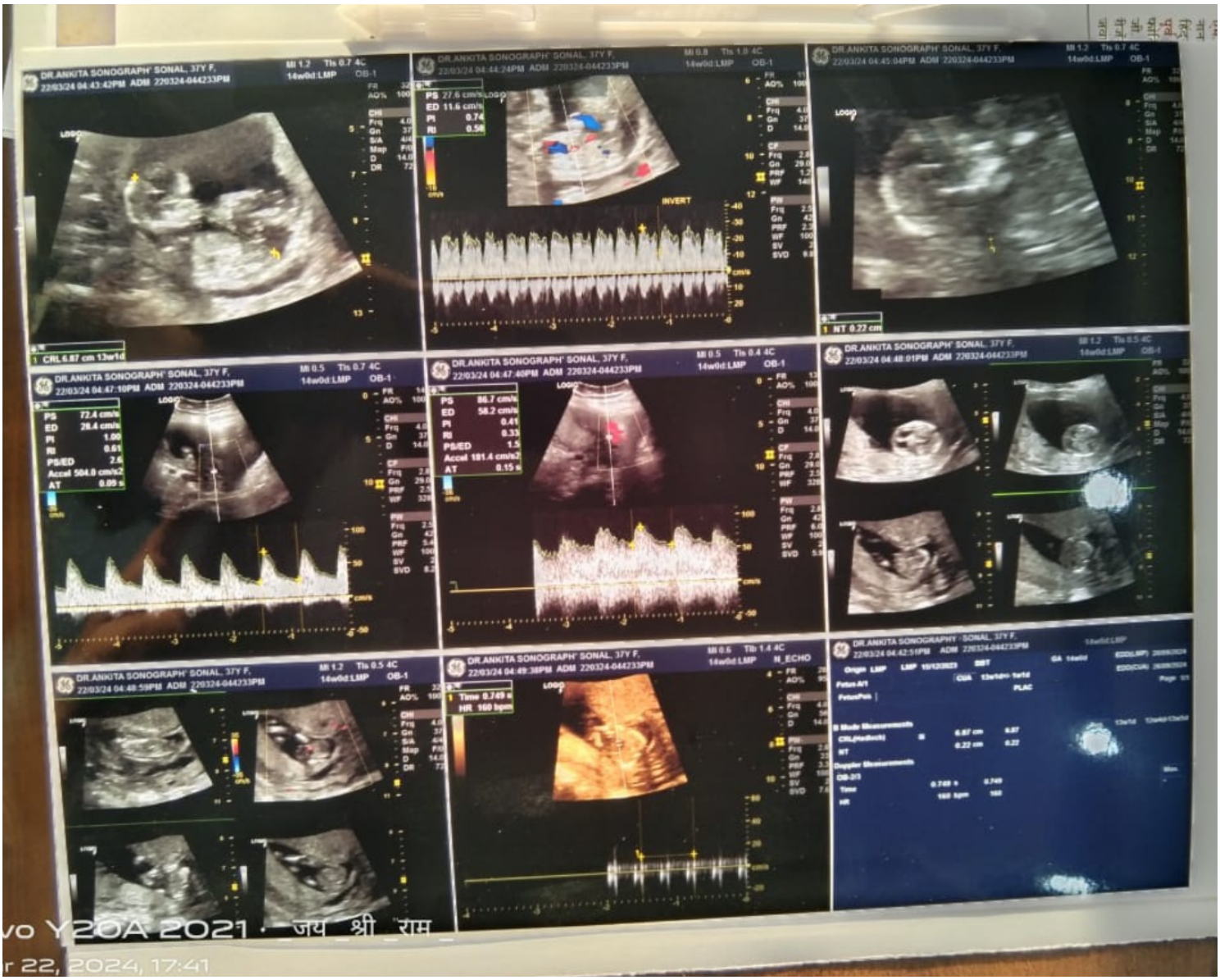
Risks for preeclampsia and fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history, uterine artery Doppler and mean arterial pressure (MAP).
All biophysical markers are corrected as necessary according to several maternal characteristics including racial 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).





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DR.ANKITA SONOGRAPHY SONAL, 37Y F.
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