Genesis
Fetal And Neuro Care

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Reg No. 2006/03/1767
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FIRST TRIMESTER SCREENING

SHALAKA DHOKANE

Date of birth: 26 December 1990
Referring doctor: Dr. SEEMA SHEDGE

Examination date: **16 April 2024**
Hospital no:

ESTATION AT SCAN ON 16 April 2024

ast period:	20 January 2024	EDD by dates:	26 October 2024
Gestational age:	**13 weeks + 0 days** from CRL	**EDD by scan:**	**22 October 2024**

listory

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

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laternal weight: 42.0 kg; Height: 157.5 cm.

moking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: no; Antiphospholipid yndrome: no; PE in a previous pregnancy: no; Previous small baby: no.

onception: spontaneous;

ndication Routine, FIRST TRIMESTER SCREENING

irst Trimester Ultrasound

IS system: VOLUSON E8.

indings	alive fetus	
etal heart activity	visualised	
HR	160 bpm	
rown-rump length (CRL)	68.0 mm	
uchal translucency (NT)	1.84 mm	
iparietal diameter (BPD)	22.0 mm	
lead circumference (HC)	77.0 mm	
bdominal circumference (AC)	64.6 mm	
emur length (FL)	7.9 mm	
racranial translucency	present, 1.9 mm	
uctus Venosus PI	0.99	
Placenta	RIGHT LATERAL WALL REACHING UPTO INTERNAL OS.	
Amniotic fluid	normal	
Cord	3 vessels	

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

Fetal anatomy:

Shop No.213,2nd Floor, Solitaire Business Hub, Opp. Hotel Ambience Excellency, Wakad, Pune-411057

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Skull/brain: appears normal; Spine: appears normal; Heart: heart appear normal; Abdomen: appears normal; Stomach: visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible.

Uterine artery mean PI:	1.550	equivalent to 0.929 MoM
Mean Arterial Pressure:	62.833 mmHg	equivalent to 0.8054 MoM
Endocervical length:	34.0 mm	

Risk calculation

Patient counselled and consent given.

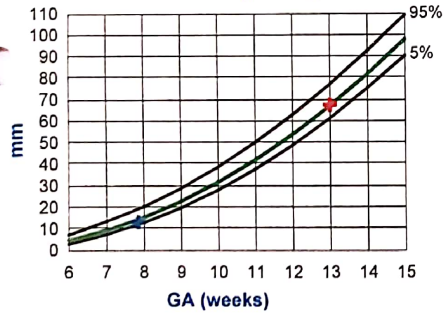
FMF Operator: DIPMALA NANDESHWAR, FMF Id: 178783

Condition	*Background risk*	*Adjusted risk*
Trisomy 21	1 in 393	1 in 1675
Trisomy 18	1 in 978	1 in 2963
Trisomy 13	1 in 3062	<1 in 20000

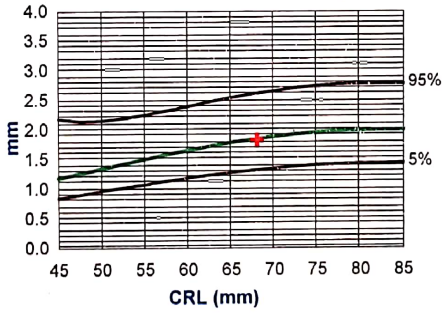
Fetal growth restriction before 37 weeks	1 in 200
Spontaneous delivery before 34 weeks	1 in 327

The background risk for aneuploidies is based on maternal age (33 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, fetal heart rate).
Risks for fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history, uterine artery Doppler and mean arterial pressure (MAP). The risk of spontaneous delivery before 34 weeks is based on maternal characteristics, obstetric history and cervical length.
Biophysical marker medians used to calculate MoMs 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-2018 software (version 4.0) 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.org).

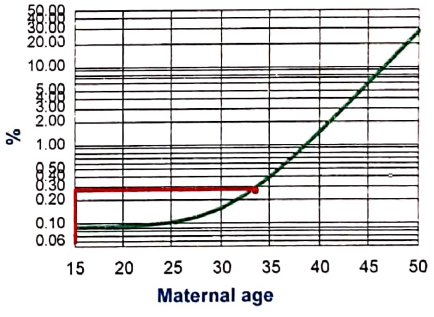
Crown-rump length



Nuchal translucency



1st trimester risk of trisomy 21



Cervical assessment

Cervical assessment	accepted
Cervix length	34.0 mm
Funnelling	no

Conclusions

Diagnosis NT NB scan low risk for aneuploidies

Comments

Thank you for referring your patient DHOKANE SHALAKA, date of birth 26/12/1990

NT scan (detection rate 85%) suggests reduction in risk of aneuploidies as compaired to age related background risk.

I have discussed with the couple options of futher testing for aneuploidies and they are aware that detection rate of First trimester combined screening is92%
Triple marker test is 55%, Anomaly scan is 56%, Quadruple marker test is 66%, cffDNA (cell free fetal DNA) is 99% with specificity of 99.9%. Gold standard remains invasive testing with detection rate of 100% with miscarriage risk of (0.5% in CVS, 2% in placental mosaicism, 0.1% in amniocentesis).
After counselling the couple decided for **'No Futher testing".**
The risk of preterm labour and Fetal growth restriction is Low.

1) All anomalies can't be ruled out on ultrasonography due to mechanical limitations, maternal factors (like amount of liquor, obesity, previous scar, advanced gestational age, etc), Fetal factors (like multiple pregnancies, fetal position, late appearance of few anomalies etc).
2) Absence of anomaly on sonography does not absolutely rule out the possibility of having one.
3)The opinion reported is based on data generated by computer, clinical corelation is required for deciding a treatment plan.

I **SHALAKA DHOKANE** DECLARE THAT BY UNDERGOING PRENATAL DIAGNOSTIC TEST/PROCEDURE, I DO NOT WANT TO KNOW THE SEX OF MY FETUS.
DATE: 16/04/2024 **SIGNATURE:**

S.S Dhokane

I **Dr. DIPMALA NANDESHWAR,** DECLARE THAT WHILE CONDUCTING THE ULTRASONOGRAPHY/IMAGES SCANNING ON Ms/Mrs. **SHALAKA DHOKANE** , I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER FETUS TO ANYBODY IN ANY MANNER.

DATE: 16/04/2024
PLACE: WAKAD

Dr. DIPMALA NANDESHWAR
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