

215124

Height - 5'
2500 2000 cash
wt. 54
500 P.P.
DOB 12/12/1989
Rajput - Double
Marker

Adhar NO -
90-776582349270

डॉ. अंकिता विजयवर्गीय

एम. बी. बी. एस., डॉ. एम. आर. डॉ

एम. आर. आई. फैलोशिप :

नानाकर्ती हॉस्पिटल, मुंबई

हिंदुजा हॉस्पिटल, मुंबई

पूर्व रेडियोलॉजिस्ट :

फॉर्टिस 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

FMF Certified from

Fetal Medicine Foundation

Reg. No. MP-8932

FORMER RADIOLOGIST AT:

• FORTIS HOSPITAL, NOIDA

• G.T.B HOSPITAL, DELHI

• REGENCY HOSPITAL LTD, KANPUR

• JAWAHAR LAL NEHRU CANCER HOSPITAL, BHOPAL

PATIENT'S NAME : MRS. RENU

AGE/SEX : 35Y/F

REF. BY : DR. PUJA SINGH (MBBS, DGO)

DATE : 02.05.2024

OBSTETRIC USG (EARLY ANOMALY SCAN)

LMP: 05.02.2024

GA(LMP):12wk 3d

EDD : 11.11.2024

- Single live fetus seen in the intrauterine cavity in **variable** presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 152 beats /min.
- **PLACENTA:** is **grade I**, posterior with lower edge covering the **os** .
- **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.
- 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 translucency measures 1.8 mm (WNL).
- Ductus venosus shows normal flow & spectrum with positive "a" wave (PI ~ 0.66)

FETAL GROWTH PARAMETERS

▪ CRL 67.5 mm ~ 13 wks 0 days of gestation.

- Estimated gestational age is **13 weeks 0 days** (+/- 1 week). EDD by USG : 07.11.2024
- Internal os closed. Cervical length is WNL (35.0 mm).
- Baseline screening of both uterine arteries was done with mean PI ~ 0.68 (Low for gestation).

IMPRESSION:

- Single, live, intrauterine fetus of **13 weeks 0 days** +/- 1 week.
- Gross fetal morphology is within normal limits.
- Low lying placenta with lower edge covering the **os** .

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 echogenicity. Therefore all fetal anomalies may not be detected at every examination. Patient has been counselled about the capabilities & limitations of this examination.)

(DR. ANKITA VIJAYVARGIYA)

First Trimester Screening Report

Rajput Renu

Date of birth : 12 December 1989, Examination date: 02 May 2024

Address: hno. 10, darvesh residency
kolar road
Bhopal
INDIA

Referring doctor: Dr. PUJA SINGH (MBBS , DGO)

Maternal / Pregnancy Characteristics:

Previous chromosomally abnormal child or fetus: first trimester miscarriage .

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

Parity: 0.

Maternal weight: 54.0 kg; Height: 162.6 cm.

Smoking in this pregnancy: no; **Diabetes Mellitus: Type 2**; Chronic hypertension: no;

Systemic lupus erythematosus: dont know; Antiphospholipid syndrome: dont know; Patient's mother had preeclampsia: no.

Method of conception: Spontaneous;

Last period: 05 February 2024

EDD by dates: 11 November 2024

First Trimester Ultrasound:

US machine: logiq f6. Visualisation: good.

Gestational age: 12 weeks + 3 days from dates

EDD by scan: 11 November 2024

Findings	Alive fetus	
Fetal heart activity	visualised	
Fetal heart rate	152 bpm	-•——
Crown-rump length (CRL)	67.5 mm	-——• -
Nuchal translucency (NT)	1.8 mm	
Ductus Venosus PI	0.660	• -——
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.

Uterine artery PI: 0.68 equivalent to 0.420 MoM

Mean Arterial Pressure: 89.2 mmHg equivalent to 1.090 MoM

Endocervical length: 35.0 mm

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 316	1: 6330
Trisomy 18	1: 786	1: 4560
Trisomy 13	1: 2463	<1: 20000

First Trimester Screening Report

Preeclampsia before 34 weeks

1: 2639

Fetal growth restriction before 37 weeks

1: 58

The background risk for aneuploidies is based on maternal age (34 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). 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).

