

(18)

Mrs - Prayanka Patidar. 31/F

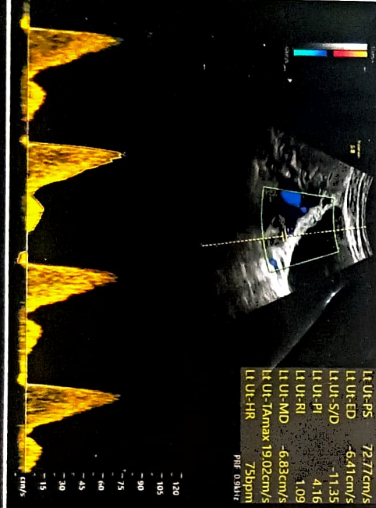
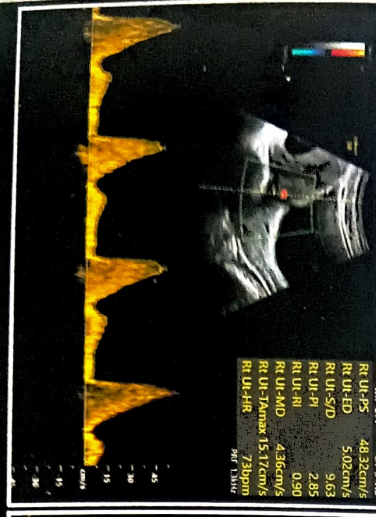
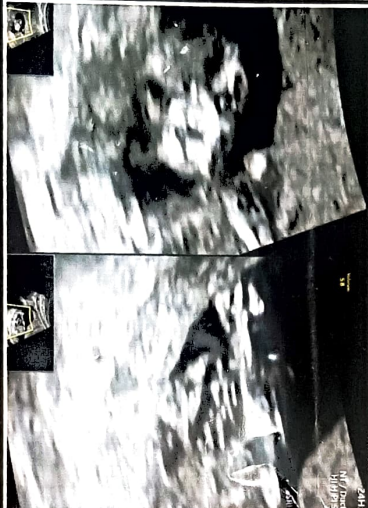
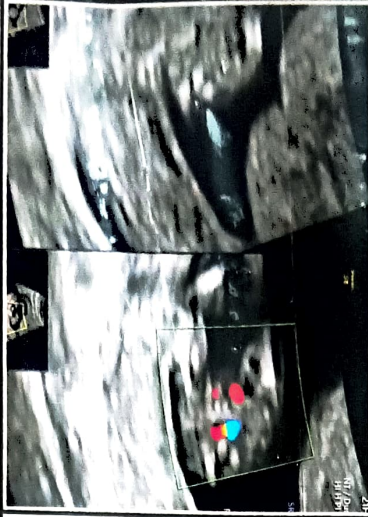
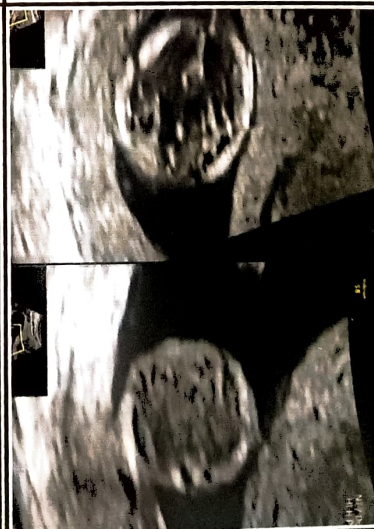
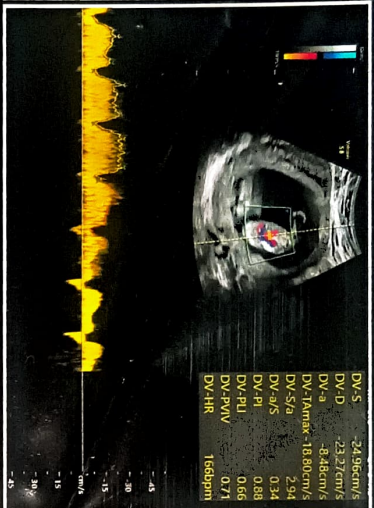
Double marker
test.

Weight - 52.6 kg.

Height - 5.4 in.

DOB - 09-03-1992

WE CARE DIAGNOSTICS & IMAGING



Indication	Value	Range	Age	Range	CP	Warnings	N/A
LHP	06.03.2024	GA 12W 12w4d	EDU 12.11.2024	12.11.2024	G	P	EC
DOC		GA 12W 12w4d	EDU 12.11.2024	12.11.2024	G	P	EC

EW/Measured	Value	ml	ml	ml	ml	ml	ml	ml	ml
ASD/BD/EL/HC									
2D Measurements AUA EW	Volume	ml	ml	ml	ml	ml	ml	ml	ml
CEI (Indicel)	1.46	cm	1.46						

Doppler Measurements	Value	ml	ml	ml	ml	ml	ml	ml	ml
S	24.96	cm/s	24.96						
Tamxk	18.80	cm/s	18.80						
D	8.88	cm/s	8.88						
RI	0.88		0.88						
S/D	2.94		2.94						
PI	0.34		0.34						
HR	166	bpm	166						

ANKITA VIJAYVARGIYA
MBBS, DMRD
Reg. No. MP-8932



FMF CERTIFIED FROM
FETAL MEDICINE FOUNDATION
• FOR NT/NB SCAN
• FOR PRE - ECLAMPSIA SCREENING
MRI FELLOWSHIPS :
• NANAVATI HOSPITAL, MUMBAI
• HINDUJA HOSPITAL, MUMBAI

EXPERIENCED RADIOLOGIST AT:
KALPANA HOSPITAL, NOIDA
SARVODAYA HOSPITAL, DELHI
EMERGENCY HOSPITAL LTD, KANPUR
MAHAR LAL NEHRU CANCER HOSPITAL, BHOPAL

PATIENT'S NAME : MRS. PRIYANKA

AGE/SEX : 32Y/F

REF. BY : DR. POOJA SHRIVASTAVA (MBBS, MS)

DATE : 03.05.2024

OBSTETRIC USG (EARLY ANOMALY SCAN) WITH PRE-ECLAMPSIA SCREENING

LMP: 06.02.2024

GA (LMP) : 12wk 3d

EDD : 12.11.2024

- Single live fetus seen in the intrauterine cavity in **variable** presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 168 beats /min.
- PLACENTA: is **grade I, anterior with lower 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.
- 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 translucency measures 1.4 mm (WNL).
- Ductus venosus shows normal spectrum with positive "a" wave (PI ~ 0.88).

FETAL GROWTH PARAMETERS

- | |
|---|
| ▪ CRL 61.7 mm ~ 12 wks 4 days of gestation. |
|---|
- Estimated gestational age is **12 weeks 4 days (+/- 1 week)**. EDD by USG : 11.11.2024
 - Internal os closed. Cervical length is WNL (32.5 mm).
 - Baseline screening of both uterine arteries was done & reveals mean PI of ~ 3.50 (high for gestation) suggest increased chances for PIH / pre-eclampsia .
 - Date of Last Delivery 17.06.2019
 - Gestation at delivery of last pregnancy 40 weeks 0 days .

IMPRESSION:

- Single, live, intrauterine fetus of 12 weeks 4 days +/- 1 week.
- Gross fetal morphology is within normal limits.
- Low lying placenta with lower edge covering the os.

Follow up at 19-20 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 counselled about the capabilities & limitations of this examination.)

(DR. ANKITA VIJAYVARGIYA)

First Trimester Screening Report

PATIDAR PRIYANKA

Date of birth : 19 March 1992, Examination date: 03 May 2024

Address: E-8/94 BHARAT NAGAR
SHAHPURA
BHOPAL
INDIA

Referring doctor: DR. POOJA SHRIVASTAVA (MBBS, MS)

Maternal / Pregnancy Characteristics:

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

Parity: 1; Deliveries at or after 37 weeks: 1.

Maternal weight: 50.0 kg; Height: 157.5 cm.

Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: don't know; Antiphospholipid syndrome: don't know; Preeclampsia in previous pregnancy: no; Previous small baby: no; Patient's mother had preeclampsia: no.

Method of conception: Spontaneous;

Last period: 06 February 2024




EDD by dates: 12 November 2024

First Trimester Ultrasound:

US machine: voluson S8. Visualisation: good.

Gestational age: 12 weeks + 3 days from dates

EDD by scan: 12 November 2024

Findings	Alive fetus	
Fetal heart activity	visualised	
Fetal heart rate	168 bpm	
Crown-rump length (CRL)	61.7 mm	
Nuchal translucency (NT)	1.4 mm	
Ductus Venosus PI	0.880	
Placenta	anterior 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:	3.50	equivalent to 2.100 MoM
Mean Arterial Pressure:	87.2 mmHg	equivalent to 1.080 MoM
Endocervical length:	32.5 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 477	1: 9534
Trisomy 18	1: 1152	1: 7637

First Trimester Screening Report

Trisomy 13

1: 3617

<1: 20000

preeclampsia before 34 weeks

1: 51

Fetal growth restriction before 37 weeks

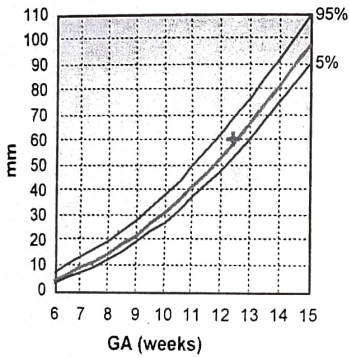
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The background risk for aneuploidies is based on maternal age (32 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (fetal nuchal translucency thickness, nasal bone, tricuspid Doppler, fetal heart rate).

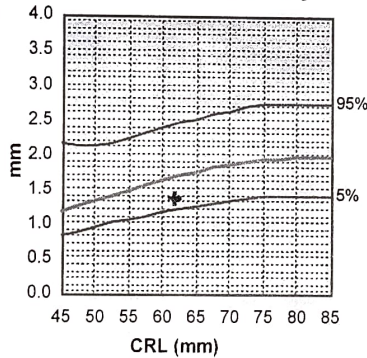
Risks for preeclampsia and fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history, uterine artery Doppler and mean arterial pressure (MAP). The adjusted risk for PE < 34 weeks or the adjusted risk for FGR < 37 weeks is in the top 10% of the population. 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).

Crown-rump length



Nuchal translucency



1st trimester risk of Trisomy 21

