UJJWALA NURSING HOME

• Maternity • Infertility • Laparoscopy Centre

Dr. Sucharitha Hospital, Vidyanagar, NALGONDA - 508 001 (TS)

డా. సుచరిత .కె
యం.డి.
ప్రసూతి మరియు స్త్రీ వైద్య నిపుణులు

TIMINGS
10-00 a.m. to 7-00 p.m.
(Monday - Saturday)

Ph: 08682-222248, 227843, 72071 21483

డా॥ దీప్తి కోడె
MS, DNB (OBGY), FGE, FRM
ప్రసూతి మరియు స్త్రీల వైద్య నిపుణులు
ల్యాప్ సర్జన్, IVF స్పెషలిస్ట్

OUT PATIENT DETAILS

Patient Name	: Mrs. ASIYA	Mobile	: 9885851249
Reg No	: OP4210007970	App Date	: 13-04-2024 12:32 PM
Age / Gender	: 25Y/Female	MR No	: 4210003477
Address	: NALGONDA	Doctor Name	: Dr. DEEPTI KODE | MBBS,MS,DNB,FRM,FMAS
Guardian Relationship	: W/O	Guardian Name	: SHOIAB

A0015823

Primigravida with 2 MOA came for ANC

O/E - GC fair
H/C/W/D

P/A soft

TVS
Hb, RBS, HIV, TSH.
D.B. 20.11.2003

Wt. 51 kgs
BP 100/60
Temp

LMP - 14/2/24
EDD - 20/11/24
GA - 8w 3D

ML - 3 months
MH - Regular.

Rx
- T. BIFOLATE 5mg OD x (30)
- T. DOXINATE SOS
- T. ZINCOVIN OD x (30)
- T. PROFINE SR 200mg HS x (30)
- T. BRID 60000 IU weekly 1 hw

Dr. Deepti Kode
MS, DNB (OBGY), FGE, FRM
Fellowship in IVF & Laparoscopy
Reg. No. TSMC ...678

Kalpana Fetal Medicine and Scan Center

Protecting the Precious...

Screening Report

MRS ASIYA

Date of birth: 20 November 2003, Examination date: 15 May 2024

Address:	NALGONDA	Hospital no.:	KFC14048
Referring doctor:	DEEPTHI	Mobile phone:	9885851249

Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 0
Maternal weight: 50.0 kg; Height: 152.0 cm.
Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: no; Antiphospholipid syndrome: no; Patient's mother had preeclampsia: no
Method of conception: Spontaneous;
Last period: 04 February 2024

EDD by dates: 10 November 2024

First Trimester Ultrasound:

US machine: E8; visualisation: good
Gestational age: **13 weeks + 1 days** from CRL

EDD by scan: 19 November 2024

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	157 bpm
Crown-rump length (CRL)	69.0 mm
Nuchal translucency (NT)	2.0 mm
Biparietal diameter (BPD)	22.0 mm
Ductus Venosus PI	1.000
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:	1.80	equivalent to 1.120 MoM
Endocervical length:	37.0 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: Lekkala Kalpana, FMF Id: 173593

Condition	*Background risk*	*Adjusted risk*
Trisomy 21	1: 1104	1: 3870
Trisomy 18	1: 2762	1: 8371
Trisomy 13	1: 8647	<1: 20000
Preeclampsia before 34 weeks		1: 267
Fetal growth restriction before 37 weeks		**1: 88**

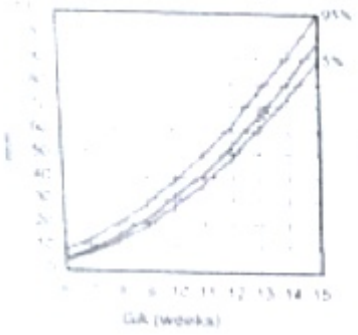
First Trimester Screening Report

The background risk for aneuploidies is based on maternal age (20 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).

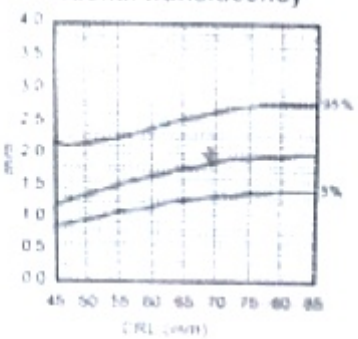
Risks for preeclampsia and fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history and uterine artery Doppler. The adjusted risk for PE < 34 weeks or the adjusted risk for FGR < 37 weeks is in the top 10% of the population. The patient may benefit from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

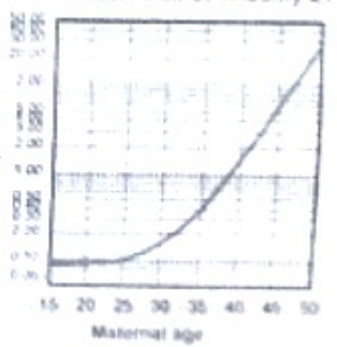
Crown-rump length



Nuchal translucency



1st trimester risk of Trisomy 21



Comments

Single live intra uterine fetus corresponding to 13 weeks 1 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. (July 1st to 3rd)

I,Dr.L.Kalpana reddy,declared that while conducting ultrasonography / imaging scanning on Mrs.ASIYA,I have neither detected nor disclosed the sex of fetus to any body in any manner.

DR.L.KALPANA REDDY
FETAL MEDICINE CONSULTANT

Patient ID
Referred by

Age/Sex
Visit No 1
Visit Date 15/05/2024