

First Trimester Screening Report

DISHA DIAGNOSTIC CENTER

MRS ZOHARA MUZAMIL RANGREJ

Date of birth : 01 August 2003, Examination date: 11 May 2024

Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 0.

Maternal weight: 88.0 kg; Height: 167.0 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: 11 February 2024

EDD by dates: 17 November 2024

First Trimester Ultrasound:

Visualisation: good.

Gestational age: 13 weeks + 0 days from CRL

EDD by scan: 16 November 2024

Findings

Fetal heart activity	Alive fetus
Fetal heart rate	visualised
Crown-rump length (CRL)	152 bpm
Nuchal translucency (NT)	67.0 mm
Biparietal diameter (BPD)	1.7 mm
Ductus Venosus PI	18.0 mm
Placenta	1.000
Amniotic fluid	Anterior and right lateral wall, low lying.
Cord	normal
	3 vessels

Chromosomal markers:

Nasal bone: abnormal (absent / hypoplastic); Tricuspid Doppler: normal.

Fetal anatomy:

Skull/brain: appears normal; Spine: visible; Abdominal wall: appears normal; Stomach: visible; Bladder / Kidneys: Urinary bladder & kidneys visible.; Hands: both visible; Feet: both visible.

Uterine artery PI:

1.98

equivalent to 1.310 MoM

Endocervical length:

35.0 mm

Risks / Counselling:

Patient counselled and consent given.

Operator: kshama Digavadekar, FMF Id: 152511

Condition

Trisomy 21

Trisomy 18

Trisomy 13

Preeclampsia before 34 weeks

Fetal growth restriction before 37 weeks

Background risk

1: 1095

1: 2713

1: 8501

Adjusted risk

1: 5210

1: 8222

<1: 20000

1: 107

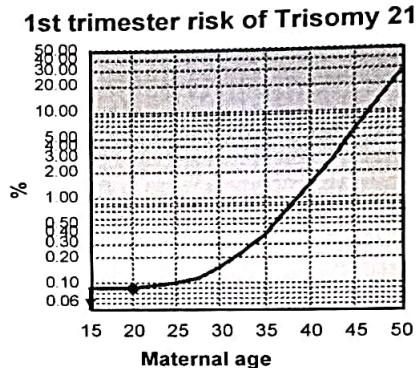
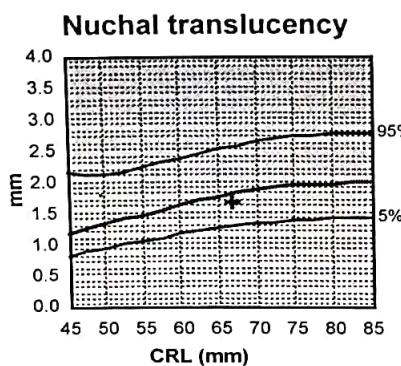
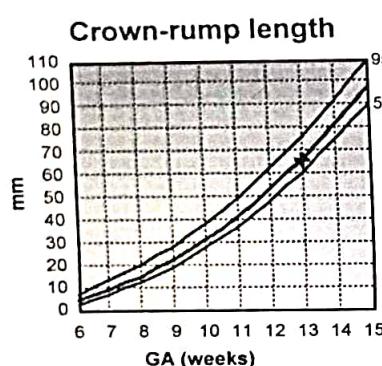
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The background risk for aneuploidies is based on maternal age (20 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (fetal nuchal translucency thickness, fetal heart 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).



Comments

SINGLE LIVE INTRA UTERINE PREGNANCY OF 13 WEEKS 0 DAYS.

THE FOETAL NASAL BONE APPEARS HYPOPLASTIC – NEEDS FOLLOW UP SCAN.

THE PLACENTA IS SITUATED ON THE ANTERIOR AND RIGHT LATERAL WALL; LOW LYING. THE LOWER END OF PLACENTA IS TOUCHING THE INTERNAL OS.

ADVICE : FOLLOW UP TARGETED ANOMALY SCAN AFTER 6 WEEKS (26/06/2024).

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