

01 June-24

M	T	W	T	F	S	S
Page No.:						
Date:						YOUNG

01

mrs - Neha ekley 28/P

antenatal
Test.

Height - 5.2 inch

Weight - 65.0 kg.

Dob. - 03-11-1994



LOTUS HOSPITAL

Doctor's Record Sheet

Name of Patient Age/Sex Reg. No.
Ward/Bed Surgeon I/C D/A
Provisional Diagnosis

Date : 21/11/19

Clinical Progress :

- ① Bilg, wt 60kg, Adj (X)
- ② 6 meals
- ③ 49cm
- ④ Sugar monitor

→ T. Gluformin XL
500

Abd
Dysuria L
N.B. scanty
N.B.
fr
Don't
smell
sweat

Treatment Advised :

Adj (X)
2 hrs after m/e
2 hrs after dinner
x 1 week
B.Bf
B. dinner
B. dinner

Kemfer 1kg 130g
Trifl. gel 10g
ensepim 25mg 3 times

DR. ANKITA VIJAYVARGIYA
MBBS, DMRD
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



DIAGNOSTICS & IMAGING

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

PATIENT'S NAME : MRS. NEHA

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

AGE/SEX : 28 Y/F

DATE : 31.05.2024

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

LMP: 25.02.2024

GA (LMP) : 13wk 5d

EDD : 01.12.2024

- Single live fetus seen in the intrauterine cavity in variable presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 163 beats /min.
- PLACENTA: is grade I, posterior & not low lying.
- 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 2.0 mm (WNL).
- Ductus venosus shows normal spectrum with positive "a" wave (PI ~ 1.1).

FETAL GROWTH PARAMETERS

CRL	74.9	mm	~	13	wks	5	days of gestation.
Estimated gestational age is 13 weeks 5 days (+/- 1 week). EDD by USG : 01.12.2024							
Internal os closed. Cervical length is WNL (31.2 mm).							
Baseline screening of both uterine arteries was done & reveals mean PI of ~ 2.01(WNL for gestation)							

IMPRESSION:

- Single, live, intrauterine fetus of 13 weeks 5 days +/- 1 week.
- Gross fetal morphology is within normal limits.

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

GANGLE NEHA

Date of birth : 03 November 1994, Examination date: 31 May 2024

Address: H.NO. 00 LALITA NAGAR
KOLAR ROAD BHOPAL
BHOPAL
INDIA

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

Maternal / Pregnancy Characteristics:

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

Parity: 0.

Maternal weight: 65.0 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; Patient's mother had preeclampsia: no.

Method of conception: Spontaneous;

Last period: 25 February 2024

EDD by dates: 01 December 2024

First Trimester Ultrasound:

US machine: voluson S8. Visualisation: good.

Gestational age: 13 weeks + 5 days from dates

EDD by scan: 01 December 2024

Findings	Alive fetus	
Fetal heart activity	visualised	
Fetal heart rate	163 bpm	— —●— —
Crown-rump length (CRL)	74.9 mm	— —●— —
Nuchal translucency (NT)	2.0 mm	
Ductus Venosus PI	1.100	— —●— —
Placenta	posterior high	
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: 2.01 equivalent to 1.330 MoM

Mean Arterial Pressure: 87.5 mmHg equivalent to 1.030 MoM

Endocervical length: 31.2 mm

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 704	1: 10681
Trisomy 18	1: 1808	1: 9282
Trisomy 13	1: 5645	<1: 20000

First Trimester Screening Report

Preeclampsia before 34 weeks

1: 161

Fetal growth restriction before 37 weeks

1: 93

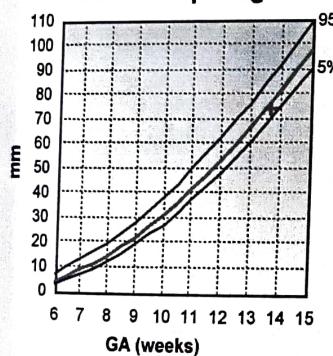
The background risk for aneuploidies is based on maternal age (29 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (fetal nuchal translucency thickness, nasal bone, tricuspid Doppler, fetal heart rate).

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.

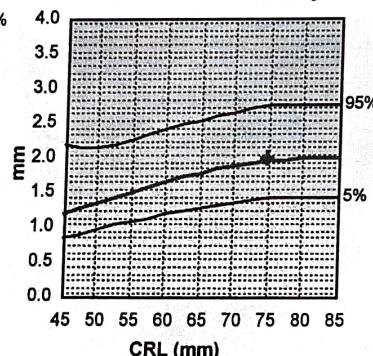
All biophysical markers are corrected as necessary according to several maternal characteristics including racial origin, weight, height, smoking, method of conception and parity.

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

