



# UJJWALA NURSING HOME

• Maternity • Infertility • Laparoscopy Centre

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



డా. సుచరిత .కె

యం.డి

ప్రమాతి మరియు ప్రీ నేడ్స్ నిపుణులు

## TIMINGS

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

Ph: 08682-222248, 227843, 72071 21483  
ujjwala.nursinghome@gmail.com

డా. దీప్తి కోడె

MS. DNB (OBGY), FGE, FRM

ప్రమాతి మరియు ప్రీ నేడ్స్ నిపుణులు  
ల్యాప్ సర్జన్, IVF ప్రిఫెరిన్స్

## OUT PATIENT DETAILS

Patient Name : Mrs. D. Renuka  
Reg No : OP4210008113  
Age Gender : 24Y Female  
Address :  
Guardian Relationship : W.O

Mobile : 6309762142  
App Date : 2-05-2024 01:27 PM  
MR No : 4210003422  
Doctor Name : Dr. DEEPTI KODE  
MBBS, MS, DNB, FRM, FMAS  
Guardian Name : shiva



DOB: 31-10-2000

G1P0 with 2nd trimester scan for 1st time.

Ge. pain

MIU 1000

PIA - Soft

Wt 46 kg  
BP 100/60  
Temp

Wt 25/124

HR 110/100

SA 14w 6 D

Wt 9/12/24

SA 14w 6 D

At

1. PRETOL - 100 mg x 2

2. UNDOHART 100 mg x 2

3. HCG 5000 IU Emg 5th day

4. Mifepristone 200 mg x 1

40016335

IV

Keep



## First Trimester Screening Report

**Kalpana Fetal Medicine and Scan Center**

*Protecting the Precious...*

MRS RENUKA

Date of birth : 31 October 2000, Examination date: 05 June 2024

Address: NALGONDA

Hospital no.: KFC14310

Mobile phone: 7075639142

Referring doctor: DEEPTHI

### Maternal Pregnancy Characteristics:

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

Parity: 0.

Maternal weight: 46.0 kg; Height: 150.0 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: 03 March 2024

EDD by dates: 08 December 2024

US machine: E 6. Visualisation: good.

**Gestational age: 13 weeks + 3 days** from dates

EDD by scan: 08 December 2024

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	164 bpm
Crown-rump length (CRL)	65.0 mm
Nuchal translucency (NT)	1.7 mm
Biparietal diameter (BPD)	23.0 mm
Ductus Venosus PI	1.000
Placenta	posterior low
Amniotic fluid	normal

Nasal bone: present; Tricuspid Doppler: normal.

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.

2.45

Equivalent to 1.450 MoM

31.0 mm

Patient counselled and consent given:

Operator: Lekkala Kalpana, FMF Id: 173593

Condition	Background risk	Adjusted risk
Trisomy 21	1:1025	1:4999
Trisomy 18	1:2216	1:2623
Trisomy 13	1:5601	< 1:20000
Preeclampsia before 34 weeks		1:86
Fetal growth restriction before 37 weeks		1:42

Page 1 of 1. Consultation number: 2024-05-05-001. Report number: 2024-05-05-001.

02-771/1/2. గ్రీన్‌లాండ్ హాస్పిటల్ ఎడ్యుకేషన్, పాల్వంచ, తూర్పు గోదావరి, 508 001, తెలంగాణ

For Appointment: +91 8520 856 854 | +91 9704 224 226



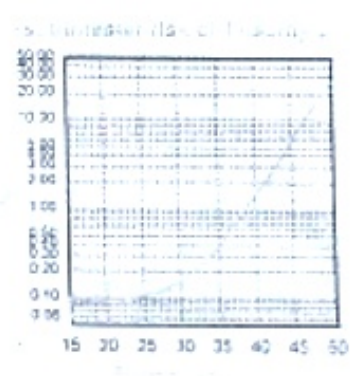
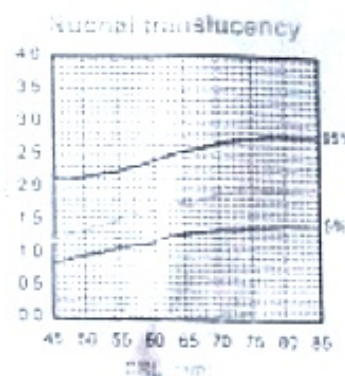
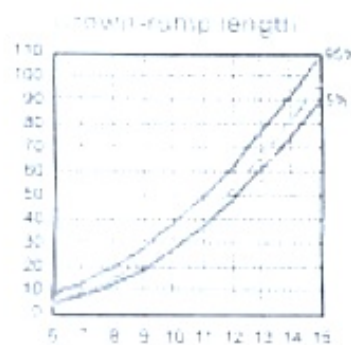
# **Dr. Kalpana Fetal Medicine and Scan Center**

*Protecting the Precious...*

The background risk for aneuploidies is based on maternal age (23 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](http://www.fetalmedicine.com)).



Single live intra uterine fetus corresponding to 13 weeks 3 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 19th to 21st )

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

*[Signature]*

DR. L. KALPANA REDDY  
FETAL MEDICINE CONSULTANT