Dr. Sonal Phadtare
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BARAMATI FETAL MEDICINE CENTRE

First Trimester Screening Report

Snehal Malgunde

Date of birth: 15 January 2002
Referring doctor:

Examination date: 08 June 2024
Patient id: 1141

History

Ethnic origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 0; Spontaneous deliveries between 16-30 weeks: 0.
Maternal weight: 55.0 kg; Height: 160.0 cm.
Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: no; Antiphospholi
syndrome: no.
Conception: spontaneous;
last period: 06 March 2024

EDD by dates: 11 December 2(

First Trimester Ultrasound

US system: Voluson E 10 (BT 20). View: good.
Gestational age: **13 weeks + 3 days** from dates

EDD by scan: 11 December 2(

Findings	alive fetus	
Fetal heart activity	visualised	
FHR	156 bpm	
Crown-rump length (CRL)	72.5 mm	
Nuchal translucency (NT)	1.90 mm	
Biparietal diameter (BPD)	25.4 mm	
Head circumference (HC)	84.0 mm	
Abdominal circumference (AC)	70.4 mm	
Femur length (FL)	12.2 mm	
Intracranial translucency	present, 2.5 mm	
Ductus Venosus PI	0.85	
Placenta	appears normal	
Amniotic fluid	normal	

Chromosomal markers:
Nasal bone: present; Tricuspid Doppler: normal.
Fetal anatomy:
Skull/brain: appears normal; Spine: appears normal; Heart: four chambers three vessels seen; Abdomen: appears normal; Stomac
visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible.
Comments:BS:BSOB ratio- 0.56.

Uterine artery mean PI:	1.255	equivalent to 0.780 MoM
Mean Arterial Pressure:	83.333 mmHg	equivalent to 1.0074 MoM
Endocervical length:	30.0 mm	

Risk calculation

Patient counselled and consent given.

FMF Operator: Sonal Phadtare, FMF Id: 198408

Condition	*Background risk*	*Adjusted risk*
Trisomy 21	1 in 1076	1 in 8090

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The nasal bone is present. The Tricuspid valve and Ductus venosus Doppler are normal.

I have offered the option of early risk reassessmentfor aneuploidies (free bHCG, PAPP-A,PLGF and AFP), i.e. first trim Quadruple marker test. This also assesses the risk for fetal Neural Tube Defects (NTDs), Fetal Growth Restrictions (F maternal pre-eclampsia (PE).

If the risk for maternal PE is more than 1:100, scientific evidence based on large study (the ASPRE study) from the Fe medicine Foundation, UK, has shown that, administration of Aspirin 150mg to the mother at bedtime, would reduce th effects of PE for the mother by 50-80%.

The cervix measures 30 mm with no evidence of funneling. The uterine artery Doppler is normal for this gestation.

The detection rate for chromosomal abnormalities with various screening tests are as follows-

First trimester NT scan only- 75%
First trimester Combined (NT + maternal blood test)- 80-85%
First trimester Combined test with 1T Quad marker- early screening for aneuploidies + fetal NTDs + FGR + maternal PE- 90% detection rate
Sequential screening (Combined + 2nd trimester Quadruple at 15-19w + Genetic sonogram at 18-20w) - 95%
Maternal blood test for cell free fetal DNA- 99%
Invasive testing (CVS/Amniocentesis), which is the definitive testhas a procedure related risk of miscarriage about 1:300.

After counselling, the couple decided against invasive testing.

Please note for all the future visits to ANY SCAN CENTRE, it is mandatory by the GOI to produce prior to the scan
1. Photocopy (xerox) of Government approved photo ID card of the prospective mother (Aadhaar card, passport, vot driving licences etc)
2. Referral letter from your Doctor with indication for the scan with her/ his SEAL and SIGNATURE.

Also, please keep extra time to fill GOI mandated "F- Form" before the scan which needs to be submitted online pric scan.

Please note:

1. All anomalies cannot be ruled out on ultrasound due to technical limitations, maternal factors like amount of liquor, matern previous scar, advanced gestational age etc. and fetal conditions like multiple pregnancies, fetal position, late appearance o anomalies etc.
2. Absence of fetal anomalies on ultrasound scan does not absolutely rule out the possibility of having one.
3. The opinion reported is based on data generated by the computer, clinical correlation is required for deciding a treatment

I ***Dr. Sonal Phadtare*** *(M.S OBGY; Fetal Medicine Consultant), declare that while conducting ultrasound/ image scanning or* ***Mrs. Snehal Malgunde****, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.*

Recommendations Rescan at 18- 20 weeks to assess the fetal anatomy in detail (15th to 25th July)

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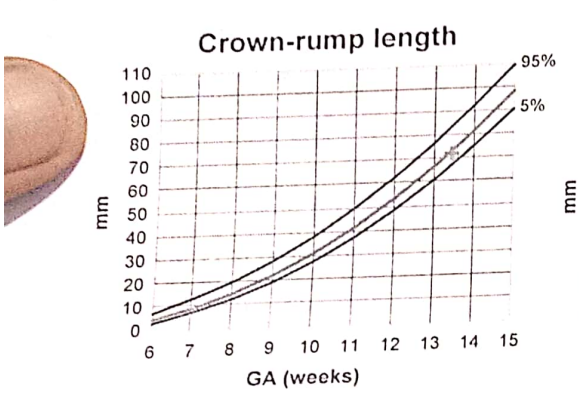
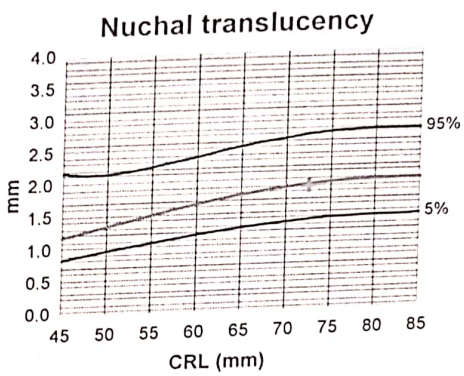
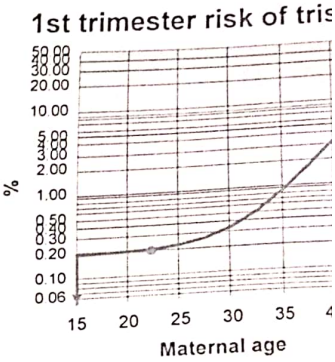
Trisomy 18	1 in 2733	1 in 10898
Trisomy 13	1 in 8545	<1 in 20000

Preeclampsia before 37 weeks	1 in 408
Fetal growth restriction before 37 weeks	1 in 232
Spontaneous delivery before 34 weeks	1 in 71

The background risk for aneuploidies is based on maternal age (22 years). The adjusted risk is the risk at the time of screening, calcul
of the background risk and ultrasound factors (fetal nuchal translucency thickness, nasal bone, fetal heart rate).
Risks for preeclampsia and fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history, n
pressure (MAP) and uterine artery Doppler. The risk of spontaneous delivery before 34 weeks is based on maternal characteristics, ob
and cervical length.
Biophysical marker medians used to calculate MoMs are corrected as necessary according to several maternal characteristics including
weight, height, smoking, method of conception and parity.
The estimated risk is calculated by the FMF-2018 software (version 4.4) and is based on findings from extensive research coordinated b
Medicine Foundation (UK Registered charity 1037116). The risk is only valid if the ultrasound scan was performed by a sonographer wh
accredited by the Fetal Medicine Foundation and has submitted results for regular audit (see www.fetalmedicine.org).







Doppler ultrasound

Uterine artery PI left	1.320
PI right	1.190
Mean PI	1.255
RI left	0.67
RI right	0.62
Notch	no notch

Ductus Venosus

A-wave	positive
PIV	0.85

Cervical assessment

Cervix length	30.0 mm
Funnelling	no
Comment	normal cervical length

Conclusions

Diagnosis	No obvious fetal defects normal uterine artery Doppler and cervical length
Conclusion routine scan	adequate assessment
Recommendations	Rescan at 18- 20 weeks to assess the fetal anatomy in detail (15th to 25th Jul

Comments

There is single viable intrauterine pregnancy corresponding to dates. The nuchal translucency measurements, nasal bone
heart rate has reduced the maternal age related risk for chromosomal abnormalities from 1 in 1076 to 1 in 8090.