



UJJWALA NURSING HOME

• Maternity • Infertility • Laparoscopy Centre

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



డా. సుచరిత .కె

ప్రసూతి మరియు స్త్రీ వైద్య నిపుణులు
Reg. No. 11143

Dr. Sucharita .K

MD. OBGY
CONSULTANT OBSTETRICIAN
& GYNECOLOGIST
Reg. No. 11143

TIMINGS
11-00 a.m. to 6-00 p.m.
(Monday - Saturday)

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

డా. దీప్తి కోడె

MS, DNB, OBGY
ప్రసూతి మరియు స్త్రీ వైద్య నిపుణులు
ల్యాప్ సర్జన్. IVF నిపుణులు
Reg. No. TSMC 00678

Dr. Deepti Kode

MS, DNB, OBGY
CONSULTANT OBGYN,
LAP SURGEON, IVF SPECIALIST
Reg. No. TSMC 00678

OUT PATIENT DETAILS

Patient Name	: Mrs. V BABITHA	Mobile	: 7780289005
Reg No	: OP4210008238	App Date	: 16-05-2024 01:35 PM
Age / Gender	: 29Y/Female	MR No	: 4210003603
Address	: NALGONDA	Doctor Name	: Dr. SUCHARITA KOSARAJU MBBS, MD GYNECOLOGY
Guardian Relationship	: W/O	Guardian Name	: NAVEEN

DOB: 22-May-1995

LMP: 26-March-2024

Wt: 34 Kg
BP: 110/70 mmHg
Temp: _____

Acc 16675

TUS
ANPRALOF
TBR.

1) All-9
1mg/day (20)

2) Betonin 2mg
—/—

3) Dostinex
1mg/day (10)

G.L.H.
I - 25.05.24
Covers 4mm.
II p.t
2mg - 26.3.24.
Pre-period -
regular
proceed (10)

First Trimester Screening Report

Kalpana Fetal Medicine and Scan Center

Protecting the Precious...

Registration No: _____

Date of birth : 22 May 1995, Examination date: 18 June 2024

Address: NALGONDA

Hospital no.: KFC14448

Referring Doctor: SUCHARITHA

Mobile phone: 6303494575

Maternal / Pregnancy Characteristics:

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

Parity: 1; Deliveries at or after 37 weeks: 1.

Maternal weight: 36.0 kg; Height: 150.0 cm.

Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: no; Antiphospholipid syndrome: no; Preeclampsia in previous pregnancy: no;

Previous small baby: no; Patient's mother had preeclampsia: no.

Method of conception: Spontaneous;

Last period: 26 March 2024

EDD by dates: 31 December 2024

First Trimester Ultrasound:

US machine: E 6. Visualisation: good.

Gestational age: 12 weeks + 5 days from CRL

EDD by scan: 26 December 2024

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	162 bpm
Crown-rump length (CRL)	63.0 mm
Nuchal translucency (NT)	1.3 mm
Biparietal diameter (BPD)	21.0 mm
Ductus Venosus PI	1.000
Placenta	anterior low

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: not examined.

Uterine artery PI:	2.20	equivalent to 1.280 MoM
Endocervical length:	32.0 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: Lekkala Kalpana, FMF Id: 173593

Condition	Background risk	Adjusted risk
Trisomy 21	1: 723	1: 3614
Trisomy 18	1: 1758	1: 5328
Trisomy 13	1: 5518	<1: 20000
Preeclampsia before 34 weeks		1: 803
Fetal growth restriction before 37 weeks		1: 82

Page 1 of 2 printed on 18 June 2024 - MRS BABITHA examined on 18 June 2024.

8-2-71/1/ఎ, గ్రీన్‌లాండ్ హాస్పిటల్ ఎదురుగా, డాక్టర్స్ కాలనీ, నల్లగొండ - 508 001. తెలంగాణ

For Appointment : ☎ +91 8522 856 854 | +91 9704 234 016

First Trimester Screening Report

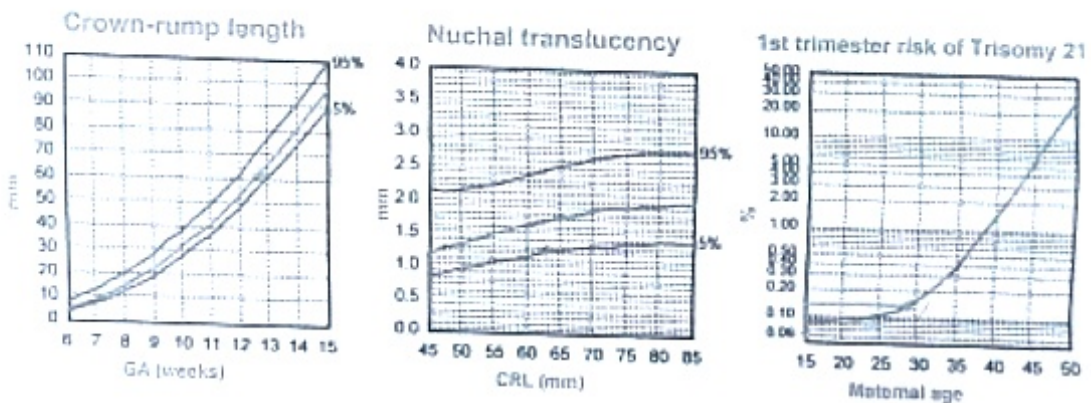
Kalpana Fetal Medicine and Scan Center

Protecting the Precious...

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, 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 fetus corresponding to 12 weeks 5 days.

Down syndrome screen negative based on NT scan.

Uterine doppler shows high resistance flow. Suggested to Tab Aspirin upto 36 weeks.

Suggested DOUBLE MARKER.

Suggested TIFFA SCAN at 19 to 20 weeks. (Aug 4th to 8th)

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

DR. L. KALPANA REDDY
FETAL MEDICINE CONSULTANT