

Dr. Pooja Shrivastava

MBBS

MS (Obstetrics & Gynaecology)

Reg No. MP-4298

Trained in : Gynaecological Endoscopy Laparoscopy & Hysteroscopy. Obstetric & Gynaecological Ultrasonography Laparoscopic Sterilization & Family Planning



- Ex. Resident Gynaecologist MY Hospital Indore.
- Trained in Obstetric Ultrasonography, Wadia Hospital Mumbai.
- Ex. Consultant Gynaecologist and Sonologist Urban RCH programme J P Hospital, Bhopal.

Obstetrician & Gynaecologist

Consultation fee valid for 3 visits/15 days whichever is earlier in routine opd hours only (Monday to Saturday)



Name : MRS. PRIYANKA VEDI

Age/Sex : 24 Years / Female

LH-A-010436

Address : Raisen

Mobile No.: 8819973640

Date : 18-Jun-2024

BP 102/51

Pulse 64/min

Temp 99.6°F

Wt 50.7kg

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In Emergency Call : 9425005377

Dr. Pooja Shrivastava
Email id : poojadr2003@gmail.com
18/6

4/18/14

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BP-112/60
pulse-108bpm
SpO2-99.1%
wt-51.3kg

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



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. PRIYANKA

AGE/SEX : 26 Y/F

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

DATE : 04.07.2024

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

LMP: 5.04.2024

GA (LMP) : 12wk 6d

EDD : 10.01.2025

- Single live fetus seen in the intrauterine cavity in **variable** presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 176 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 1.6 mm (WNL).
- Ductus venosus shows normal spectrum with positive "a" wave (PI ~ 1.25).

FETAL GROWTH PARAMETERS

- | | | | | | | | |
|-------|------|----|---|----|-----|---|--------------------|
| ▪ CRL | 60.2 | mm | ~ | 12 | wks | 4 | days of gestation. |
|-------|------|----|---|----|-----|---|--------------------|
- Estimated gestational age is **12 weeks 4 days (+/- 1 week)**. EDD by USG : 12.01.2025
 - Two large heterogeneously hypoechoic solid lesions ~ 51.3 x 41.7 mm & 46.2 x 38.1 mm seen projecting exophytically from right posterior fundal region & left antero-lateral fundal -upper body wall - subserosal fibroids .
 - Internal os closed. Cervical length is WNL (39.6 mm).
 - Baseline screening of both uterine arteries was done & reveals mean PI of ~ 3.05 (high for gestation), suggest increased chances for PIH / pre-eclampsia .

IMPRESSION:

- ± Single, live, intrauterine fetus of 12 weeks 4 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.)