





Clinic No : 9022072345 / Timing : Sonography 9 am to 8 pm ( Thursday to Tuesday)

## First Trimester Screening Report

**JYOTI KHANNURKAR**

Date of birth : 15 March 1997, Examination date: 06 August 2024

Referring doctor: DR. PAVAN BENDALE SIR

### Maternal / Pregnancy Characteristics:

Parity: 0; Spontaneous deliveries between 16-30 weeks: 0.

Maternal weight: 55.2 kg; Height: 166.0 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: In vitro fertilization;




Date of conception: 21 May 2024

EDD by dates: 11 February 2025

### First Trimester Ultrasound:

US machine: VOLUSON S8 CORE BT18. Probe: C1-5. Visualisation: good.

Gestational age: 12 weeks + 4 days from CRL EDD by scan: 14 February 2025

Findings	Alive fetus	
Fetal heart activity	visualised	
Fetal heart rate	170 bpm	
Crown-rump length (CRL)	61.7 mm	
Nuchal translucency (NT)	1.7 mm	
Ductus Venosus PI	1.010	
Placenta	posterior	
Amniotic fluid	adequate	
Cord	2 vessels	

### Chromosomal markers:

Nasal bone: present.



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### Fetal anatomy:

Skull/brain: appears normal; Spine: appears normal; Heart: 4CH; Abdominal wall: appears normal; Stomach: visible; Bladder / Kidneys: both visible; Hands: both visible; Feet: both visible.

**Comments:** Internal os is closed.

**Uterine artery PI:** 1.49 equivalent to 0.900 MoM  
**Mean Arterial Pressure:** 80.6 mmHg equivalent to 0.980 MoM  
**Endocervical length:** 33.1 mm

### Risks / Counselling:

Patient counselled and consent given.

Operator: VARUN THAKUR, FMF Id: 136910

Condition	Background risk	Adjusted risk
Trisomy 21	1: 838	1: 16761
Trisomy 18	1: 2025	<1: 20000
Trisomy 13	1: 6360	<1: 20000
Preeclampsia before 34 weeks		1: 1137
Preeclampsia before 37 weeks		1: 233
Fetal growth restriction before 37 weeks		1: 242
Spontaneous delivery before 34 weeks		1: 115

The background risk for aneuploidies is based on maternal age (27 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, ductus venosus 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).

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Dr. Varun Ashok Thakur  
MBBS, MD Radiodiagnosis  
MMC Reg - 2014051719

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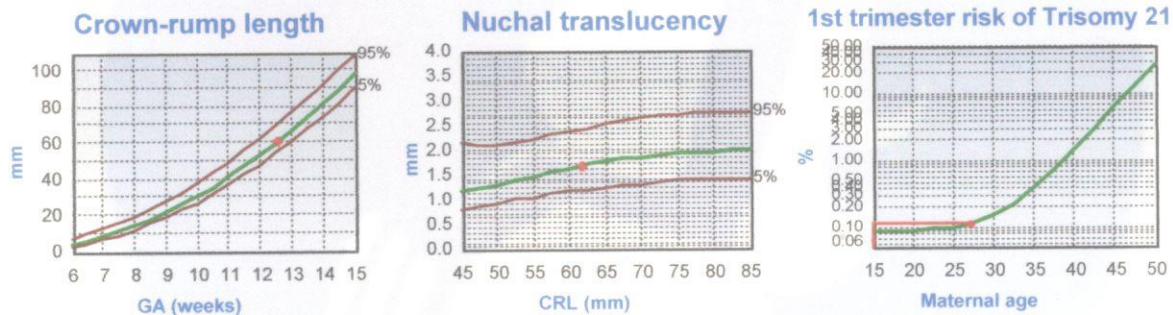


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All biophysical markers are corrected as necessary according to several maternal characteristics including racial origin, weight, height, smoking, method of conception and parity.

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)).



### Comments

SINGLE LIVE INTRAUTERINE GESTATION(AGE BY FETAL BIOMETRY) : 12 WEEKS 4 DAYS.

AGREED EDD AS PER BT DATE : 11/02/2025

NUCHAL TRANSLUCENCY, NASAL BONE & DUCTUS VENOSUS FLOW : WITHIN NORMAL LIMITS.

SINGEL UMBILICAL ARTERY SUSPECTED, NEEDS CONFIRMATION IN SUBSEQUENT SCAN.

PLACENTA - POSTERIOR.

*[Handwritten signature]*

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ENDOCERVICAL LENGTH (TVS) : 33.1 mm. INTERNAL OS IS CLOSED.

#### COMMENTS :

After a detailed NT scan, the risk of Down's syndrome has reduced from

- 1) Background risk based on maternal age - 1 : 838 to
- 2) Based on NT + NB + Ductus Venosus flow + FHR is 1 : 16761

I have explained the different screening tests, their detection rates and limitations of screening to the couple. COUPLE UNDERSTANDS THE IMPLICATIONS & LIMITATIONS OF SCREENING TESTS. Couple also understands that this is risk assessment only and Chromosomal abnormalities cannot be diagnosed by Ultrasound or blood tests on their own.

The only way to know the chromosomal make up of the fetus is by invasive testing which carries a procedure related risk of miscarriage of 1:100.

Couple has been advised to do double marker test. We shall reassess after the double marker test result for combined risk assessment.

#### Please note :

All abnormalities and genetic syndromes cannot be ruled by Ultrasound examination. Ultrasound examination has its own limitations. Some abnormalities evolve as the gestation advances. The detection rate of abnormalities depends on various factors. Some of these factors are - gestational age of the fetus, fetal position and tissue penetration of Sound waves and patient body habitus.

I Dr. Varun Ashok Thakur declare that while conducting ultrasonography on Mrs. Jyoti Khannurkar, I have neither detected, nor disclosed the sex of her fetus to anybody in any manner.





