

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

Name : MRS. BABITA PARMAR



Address : Sarvadharam D- Sector Kolar Road

Age/Sex : 26 Years / Female

LH-A-010517

Mobile No.: 8959761810

Date : 29-Jul-2024

for
Obstetric
NT NB
scan
6/8/24

R
Tab Dominate plus 1
Tab Myonorm 25 mg daily
10 }

Run
1
Myonorm
R

In Emergency Call : 9425005377

Email id : poojadr2003@gmail.com



Lotus Hospital

LOTUS HOSPITAL

M-351, Rajharsh Colony, Nayapura, Kolar main road, Bhopal

Ph.: 0755-4093322, 0755-2093322 8085441332

Time: 11:00PM To 3:00PM And 6:00PM To 8:00PM

Signature

06 AUG 2024

WHA

BP 101/86

Pulse 112/min

Temp 98.6°P

WT 48.3 kg

Adm
Doubt
workout

R

→ DAS Kupper 650 mg 4 BP

o DAS Cefazolin 10 mg

W DAS Dexamethasone 2 mg → 8

DAS Dexamethasone 25 mg 3
X 4

Ren
C
Kup R

डॉ. अकिता विजयवर्गीय

बी. बी. एस., डी. एम. आर डी
आर आई. फेलोशिप :
जावदी हॉस्पिटल, मुंबई
जा हॉस्पिटल, मुंबई
रेडियोलाजिस्ट :
डॉ. बी. हॉस्पिटल, नोएडा
डी. बी. हॉस्पिटल, दिल्ली
सी हॉस्पिटल लिमिटेड, कानपुर
जवाहर लाल नेहरू कैंसर हॉस्पिटल, भोपाल

DR. ANKITA VIJAYVARGIYA MBBS, DMRD

MRI FELLOWSHIPS :
• NANAVATI HOSPITAL, MUMBAI
• HINDUJA HOSPITAL, MUMBAI
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
Reg. No. MP-8932

PATIENT'S NAME: MRS. HABITA

AGE/SEX : 26Y/F

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

DATE : 06.08.2024

OBSTETRIC USG (EARLY ANOMALY SCAN)

LMP: 08.05.2024

GA(LMP): 12wk 6d

EDD : 12.02.2025

- Single live fetus seen in the intrauterine cavity in variable presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 154 beats/min.
- PLACENTA: is grade I, posterior & not low lying.
- LIQUOR: is adequate for the period of gestation.

Fetal morphology for this station 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.
- Both orbits & lungs seen. PMT is 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 1.5 mm (WNL).
- Ductus venosus shows normal flow & spectrum with positive "a" wave (PI ~ 0.90)

FETAL GROWTH PARAMETERS

| | | | | | | | |
|-----|------|----|---|----|-----|---|--------------------|
| CRL | 73.8 | mm | ~ | 13 | wks | 3 | days of gestation. |
|-----|------|----|---|----|-----|---|--------------------|

- Estimated gestational age is 13 weeks 3 days (+/- 1 week). EDD by USG : 08.02.2025
- Internal os closed. Cervical length is WNL (36.6 mm).
- Baseline screening of both uterine arteries was done with mean PI ~ 1.99 (WNL for gestation).

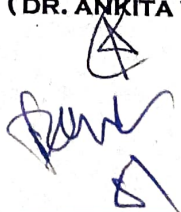
IMPRESSION:

- Single, live, Intrauterine fetus of 13 weeks 3 days +/- 1 week.
- Gross fetal morphology is within normal limits.

Follow up at 19-22 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 & the size of the fetus. Therefore all fetal anomalies may not be detected at every examination. Patient has been counselled about the capabilities & limitations of this examination.)

(DR. ANKITA VIJAYVARGIYA)



First Trimester Screening Report

Parmar Babita

Date of birth : 05 March 1999, Examination date: 06 August 2024

Address: hno. 100, sarvdharmid- sector
kolar road
Bhopal
INDIA

Referring doctor: DR. (MS) POOJA SHRIVASTAVA

Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 0.
Maternal weight: 48.0 kg; Height: 154.9 cm.
Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: dont know; Antiphospholipid syndrome: dont know; Patient's mother had preeclampsia: no;
Method of conception: Spontaneous;
Last period: 08 May 2024

EDD by dates: 12 February 2025

First Trimester Ultrasound:

US machine: logiq i6. Visualisation: good.

Gestational age: 12 weeks + 6 days from dates

EDD by scan: 12 February 2025

| | |
|--------------------------|----------------|
| Findings | Alive fetus |
| Fetal heart activity | visualised |
| Fetal heart rate | 154 bpm |
| Crown-rump length (CRL) | 73.8 mm |
| Nuchal translucency (NT) | 1.5 mm |
| Ductus Venosus PI | 0.900 |
| Placenta | posterior high |
| Amniotic fluid | normal |
| Cord | 3 vessels |

Chromosomal markers:

Nasal bone: present; Tricuspid Doppler: normal.

Fetal anatomy:

Skull/brain: appears normal; Spine: appears normal; Heart: No TR.; Abdominal wall: appears normal; Stomach: visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible; both orbits & lens seen. LMT is intact.

| | | |
|------------------------|-----------|-------------------------|
| Uterine artery PI | 1.99 | equivalent to 1.260 MoM |
| Mean Arterial Pressure | 80.0 mmHg | equivalent to 0.990 MoM |
| Endocervical length: | 36.6 mm | |

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA V. JAYVARGIYA, FMF Id: 204664

| Condition | Background risk | Adjusted risk |
|------------|-----------------|---------------|
| Trisomy 21 | 1: 973 | 1: 17458 |
| Trisomy 18 | 1: 2486 | 1: 13124 |
| Trisomy 13 | 1: 7768 | <1: 20000 |

First Trimester Screening Report

Preeclampsia before 34 weeks

Fetal growth restriction before 37 weeks

1: 437

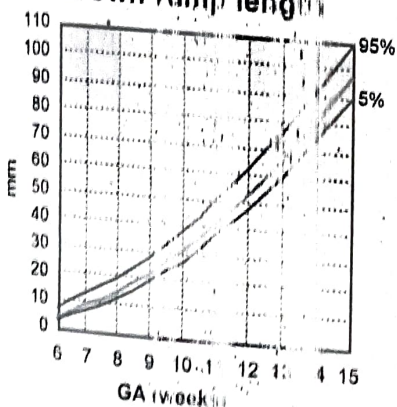
1: 81

The background risk for aneuploidies is based on maternal age (25 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, tricuspid Doppler, fetal heart rate).

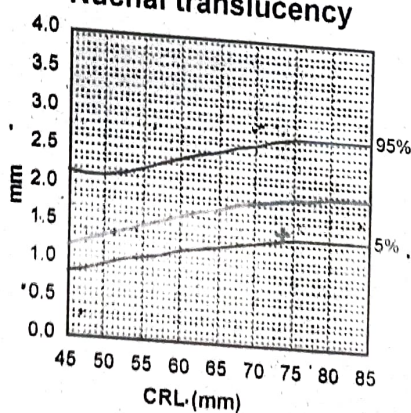
Risks for preeclampsia and fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history, uterine artery Doppler and mean arterial pressure (MAP). The adjusted risk for PE < 34 weeks or the adjusted risk for FGR < 37 weeks is in the top 10% of the population. 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).

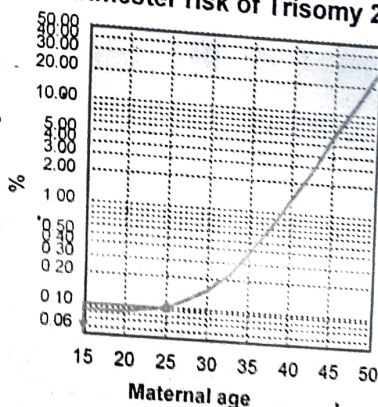
Crown-rump length



Nuchal translucency



1st trimester risk of Trisomy 21



(37)

Mrs. Babita Parmar. 26/F

Double marker
Test -

- Height - 5.1 inch
- weight - 48.3 kg
- DOB - 5-3-1999