

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



Name : MRS. BABITA PARMAR
Address : Sarvadham D- Sector Kolar Road

Age/Sex : 26 Years / Female

LH-A-010517

Mobile No.: 8959761810

Date : 29-Jul-2024

Mr
Jyoti
NTR
Year
6/8/24

R

DOB Dated 1
RDI Diagnosis 25 March
10 }

Brun
mpm
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, 622003228085441332

Signature

Times: 1:00 PM To 3:00 PM And 6:00 PM To 8:00 PM

06 AUG 2024

well

BP 101/86

Pulse 112/min

Temp 98.6°F

WT 48 - 3kg

John

Samuel & John
mother & son

AM

1

1/2 Das Kypel 650 mg 4/8

o Das Cetene 10 ml 30

as Das Doxihali glu 2ml \rightarrow 3g

as Das Dymuron 25 mg 3

X 4g

few drops of

Dr. अंकिता विजयवर्गीय

मी. बी. एस., डी. एम. आर डी
आर आई. फैलोशिप :
गवर्नर हास्पिटल, मुंबई
जा हास्पिटल, मुंबई
मेडिकल नेटवर्क :
फॉर्टिस हास्पिटल, नोएडा
डी. बी. हास्पिटल, दिल्ली
मी. हास्पिटल लिमिटेड, कानपुर
हर लाल नेहरू कैंसर हास्पिटल, भोपाल

DR. ANKITA VIJAYVARGIYA

MBBS, DMRD

MRI FELLOWSHIPS :

- NAVATI HOSPITAL, MUMBAI
- HINDUJA HOSPITAL, MUMBAI

FMF Certified from
Fetal Medicine Foundation
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

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 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.
- Both orbits & lens 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.
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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 & tissue echogenicity. 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 Babiita

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

Address: hno. 101, sarvadham 'd- sector
kolar road
Bhiopal
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. FMTR 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 VIVYARGIYA, 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

1: 437

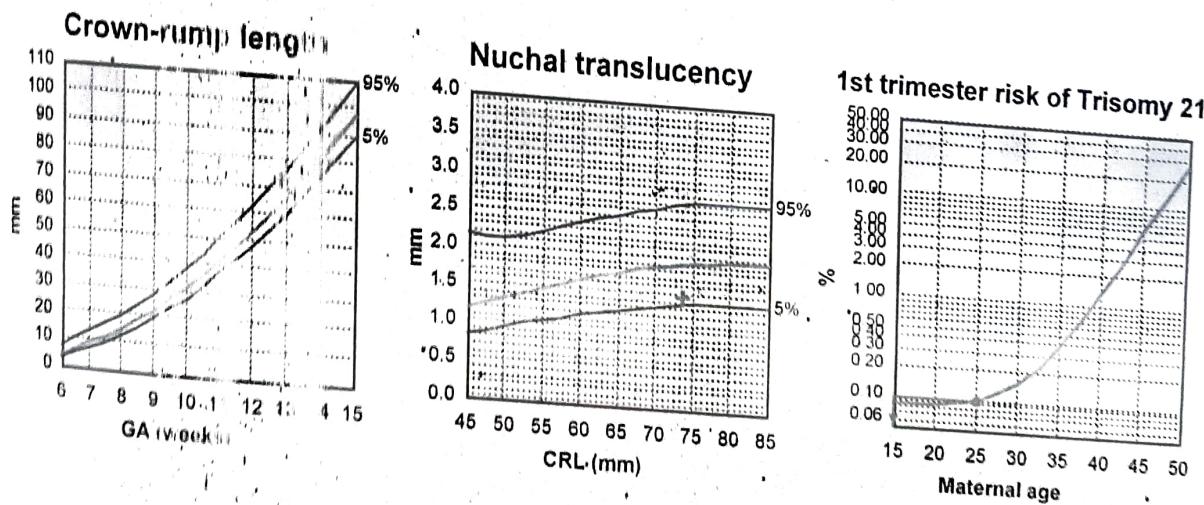
Fetal growth restriction before 37 weeks

1: 81

The background risk for anomalies 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)



(33)

mrs. Babita Parmar. 26/f

Double marker
Test -

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