

KALPATARU DIAGNOSTIC CENTRE

Exam Date: 22-08-2024

Operator: DR APEKSHA CHAVAN

ie or ID: SALIHASAMRIN AMIRKHAN PATHAN
Physician: DR RAJGURE MADAM

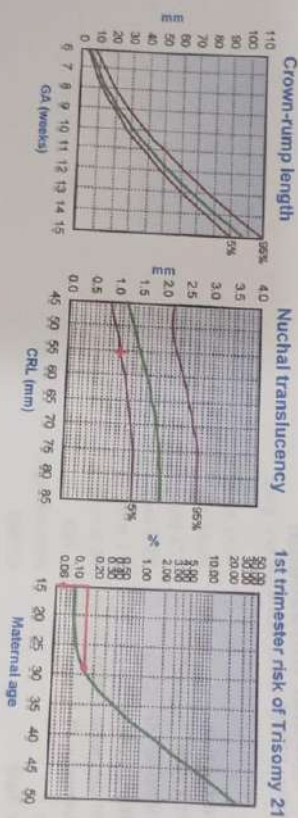


First Trimester Screening Report

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 pre-eclampsia 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 2.8.1) 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).



[Signature]

DR. APEKSHA U. CHAVAN
MBBS, MD, DNB (RADIOLOGY)
Reg. No. 2011/09/143

First Trimester Screening Report

PATHAN SALIHASAMRIN

Date of birth : 02 June 1995, Examination date: 22 August 2024

Maternal / Pregnancy Characteristics:

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

Parity: 2; Spontaneous deliveries between 16-30 weeks: 0; 31-36 weeks: 0; Deliveries at or after 37 weeks: 2.

Maternal weight: 54.0 kg; Height: 162.0 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: 08 June 2024

EDD by dates: 15 March 2025

First Trimester Ultrasound:

US machine: VINNO G 65. Visualisation: good.

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	171 bpm
Crown-rump length (CRL)	55.5 mm
Nuchal translucency (NT)	1.1 mm
Biparietal diameter (BPD)	16.9 mm
Ductus Venosus PI	0.760
Placenta	anterior high
Amniotic fluid	normal
Cord	3 vessels

Chromosomal markers:

Nasal bone: present; Tricuspid Doppler: normal.

Fetal anatomy:

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

Uterine artery PI:	2.65	equivalent to 1.550 MoM
Mean Arterial Pressure:	91.4 mmHg	equivalent to 1.110 MoM
Endocervical length:	41.9 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: apeksha chavan, FMF Id: 250746

Condition	Background risk	Adjusted risk
Trisomy 21	1: 697	1: 3484
Trisomy 18	1: 1633	1: 4947
Trisomy 13	1: 5140	1: 18323
Preeclampsia before 34 weeks		1: 183
Fetal growth restriction before 37 weeks		1: 80
Spontaneous delivery before 34 weeks		1: 2201



KALPATARU DIAGNOSTIC CENTRE

Apeksha Rathod

(MUHS Gold Medal)
Radiology (MUHS Silver Medal), DNB Radiology
JK Certified for First Trimester Screening
(Id:250746)

Sonography, Colour Doppler & Digital X-Ray

Fetal survey:

Head: cranial vault – normal. Midline Falx seen.

Choroid plexuses seen filling the ventricular cavity (butterfly sign)

Intracranial translucency – normal.

Facial profile : PMT seen.

Spine : intact overlying skin.

Chest: Symmetrical lung fields noted . No e/o effusion or masses.

Heart : cardiac activity regular. Four symmetrical chambers seen.

On color flow : two ventricular inflow s and two outflows tracts seen.

Abdomen : normal cord insertion. Stomach in left upper quadrant , bladder seen.

Extremities : four limbs each with three segments seen.

Uterine arteries :

Right : PI: 3.04

Left : PI: 2.26

Mean PI : 2.6 — (97th percentile) pathological for gestational age.

Both uterine arteries show normal color flow and spectral waveform

No early diastolic notch seen.

Suboptimal scan due to echogenic maternal abdominal fat.

OPINION : Single live intrauterine gestation with average sonic maturity of around
12 wks 3 day. EDD by USG: 03/03/2025

Raised mean uterine artery PI : risk of PIH explained.

GA assigned as per biometry.

CRL measures 5.55 cm. NT measures 0.11 cm (22nd percentile for this CRL) .

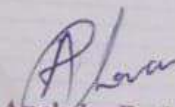
Suggested follow up anomaly scan at 20-22 weeks

Thanks for referral

All measurements including estimated fetal weight, are subject to statistical variations.
Not all anomalies can be detected on sonography.

First trimester screening and preeclampsia report attached -----PTO




Dr. Apeksha Rathod
MD DNB Radiology



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FME UK Certified for First Trimester Screening

(FME Id: 250746)

**Sonography, Colour Doppler
& Digital X-Ray**

Name of Pt : Mrs. Salihasamrin Amirkhan Pathan

Ref BY : Dr Manisha Rajgure madam

Dated : August 22, 2024

SONOGRAPHY OF GRAVID UTERUS

LMP: 08/06/2024 GA(LMP): 10 wks 5 days EDD by LMP: 15/03/2025

Single viable intrauterine fetus is seen with **changing presentation** at the time of examination.

Fetal movements and cardiac pulsation are well appreciated. **FHR: 171 bpm.**

Placenta is anterior. Grade I maturity.

Liquor is adequate for gestational age.

Cervical length: 4.15 cm

FOETAL BIOMETRY:-

CRL : 5.55 cm corresponding to 12 wks 1 days

BPD : 1.69 cm corresponding to 12 wks 4 days

HC : 6.49 cm corresponding to 12 wks 4 days

AC : 4.45 cm

FML : 0.40 cm

These parameters correspond with sonic maturity of around 12 wks 3 day.

EFW is 45 gms.

A. NT : well demonstrated. Thickness - 0.11 cm.

B. Other markers: 1. Nasal bones seen.

2. Limb buds normal.

C. Doppler : Ductus venosus flow normal.

D. No e/o tricuspid regurgitation.

PTO



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