



Patient Name: MRS SHIKHA THAKUR

Patient Id: 29467

Ref Phy: DR. PUJA SINGH MS

Date: 30/08/2024

Age/Sex: 30 Years / FEMALE

Contact No:

Examination : Obstetric USG of First Trimester Scan Report (Level -1)

Dating	LMP	GA	EDD
By LMP	LMP: 11/06/2024	Weeks 11	Days 3 18/03/2025
By USG		12	3 11/03/2025

AGREED DATING IS (BASED ON Biometry)

Single live intrauterine gestation

OBSTETRIC USG STUDY

Fetus : Single ✓
Fetal Movement : Adequate ✓
FCA : 174/ bpm ✓
Liquor : Normal
Placenta : LT POSTERO-LATERAL (10 mm away from the internal-os)

Biometry (Headlock)

CRL	58.0 mm	12 weeks 3 days
CERVIX	35.8 mm	in length with closed os & canal.

Aneuploidy markers :

Nuchal Translucency	1.1 mm ✓	Normal	21% + • + +
Both Nasal Bones	2.8 mm ✓	Normal	40.1% + • + +
Umbilical cord	3 vessels		
Tricuspid flow	NO TR		
Ductus venosus	Normal continues forward flows.	✓	

Fetal anatomy :

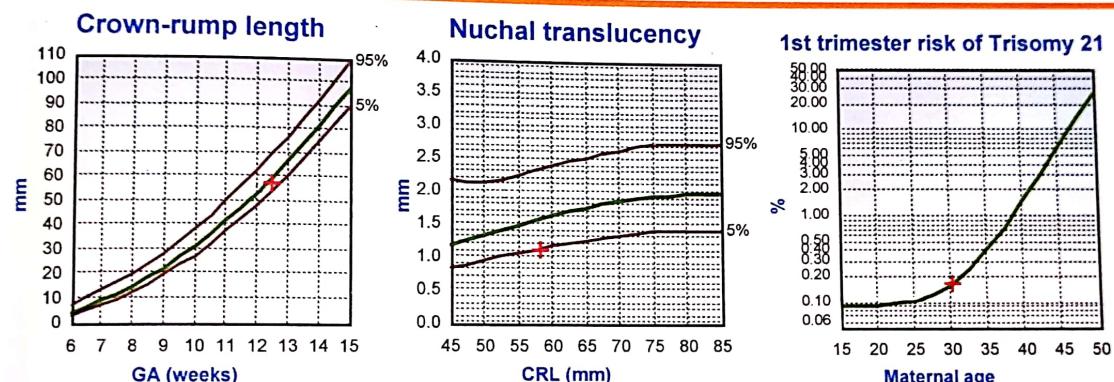
Head :	shape & size normal , Neck: normal , Spine: normal, Choroid plexus , Cerebral peduncles ,intracranial lucency , AD normal. ✓
Face:	Orbits, lenses, PMT, mandible gap sign normal. ✓
Thorax:	Lung parenchyma , CT ratio , diaphragm normal. ✓
Abdomen :	Normal ant. Abdominal wall & cord insertion , stomach , bowel loops, Kidneys , UB are normal. ✓
Extremities:	Both upper & lower limbs are normal. Hands , feet seen.
Fetal spine :	Normal. ✓





Vessels	S/D	RI	PI	PI Percentile	Remarks
Right Uterine Artery	5.6	0.82	2.07	80.8% + + + + +	No early Diastolic notch seen
Left Uterine Artery	4.3	0.77	1.83	65.2% + + + + +	No early Diastolic notch seen
Mean Uterine Artery			1.95	73.6% + + + + +	=
Ductus venosus	4	0.75	1.11		PSV=39.7 Normal waveform Pattern ✓

Impression :- Single live Intrauterine gestation corresponding to a gestational age of 12 Wks 3 days Gestational age assigned as per biometry (CRL)



We note that all anomalies can not be detected all the times due to various technical and circumstantial reasons like gestation period, fetal position, quantity of liquor etc. The present study can not completely confirm presence or absence of any or all the congenital anomalies in the fetus which may be detected on post natal period. Growth parameters mentioned herein are based on International Data and may vary from Indian standards. Date of delivery (at 40 weeks) is calculated as per the present sonographic growth of fetus and may not correspond with period of gestation by L.M.P. or by actual date of delivery. As with any other diagnostic modality, the present study should be correlated with clinical features for proper management. Except in cases of Fetal Demise or Missed Abortion, sonography at 20-22 weeks should always be advised for better fetal evaluation and also for line study for future reference.

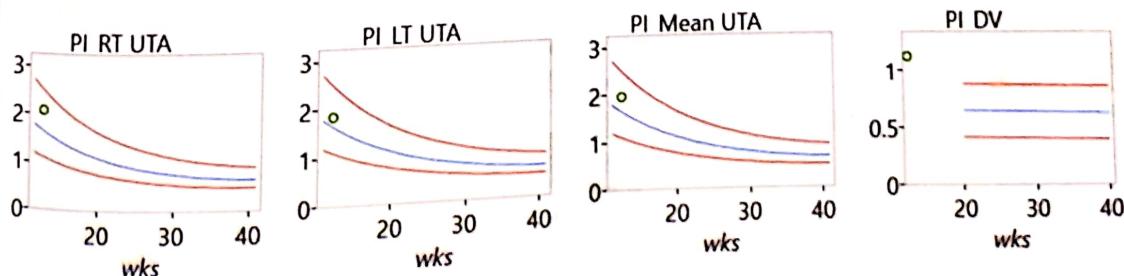
Declaration of Doctor/Person conducting ultrasonography/image scanning

DR SONAM VERMA declare that while conducting sonography on MRS SHIKHA THAKUR, I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

Sonam

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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. SHIKHA

AGE/SEX : 30Y/F

F. BY : DR. PUJA SINGH (MBBS, DGO)

DATE : 29.08.2024

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

LMP: 11.06.2024

GA (LMP) : 11wk 2d

EDD : 18.03.2025

- Single live fetus seen in the intrauterine cavity in **variable** presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is **165** beats /min.
- PLACENTA: is grade I, posterior with **lower edge just covering the os**.
- 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 abnormal spectrum with reversal of "a" wave (PI ~ 3.12)**

FETAL GROWTH PARAMETERS

CRL	54.1	mm	~	12	wks	1	days of gestation.
Estimated gestational age is 12 weeks 1 days (+/- 1 week). EDD by USG : 12.03.2025							
Internal os closed. Cervical length is WNL (31.0 mm).							
Baseline screening of both uterine arteries was done & reveals mean PI of ~ 2.22 (WNL for gestation)							
Date of Last Delivery 04.08.2019 ; Gestation at delivery of last pregnancy 34 weeks 3 days.							

IMPRESSION:

- Single, live, intrauterine fetus of 12 weeks 1 days +/- 1 week.
- Gross fetal morphology is within normal limits.
- Reversal of "a" wave seen in Ductus Venosus – major marker for **chromosomal anomaly & Congenital Heart Disease**.
- **Low lying placenta with lower edge just covering the os.**

Suggest : Clinical, biochemical correlation, SOS further workup & follow up at 19-20 weeks for target scan for detailed fetal anomaly screening & Fetal Echo .

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.)

(DR. ANKITA VIJAYVARGIYA)

First Trimester Screening Report

THAKUR SHIKHA

Date of birth : 25 July 1994, Examination date: 29 August 2024

Address: h.no 36 salaiya bhopal
BHOPAL
INDIA

Referring doctor: DR. PUJA SINGH (MBBS, DGO)

Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 2; 31-36 weeks: 1; Deliveries at or after 37 weeks: 1.
Maternal weight: 58.0 kg; Height: 162.6 cm.
Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: don't know; Antiphospholipid syndrome: don't know; Preeclampsia in previous pregnancy: no; **Previous small baby: yes**; Patient's mother had preeclampsia: no.
Method of conception: Spontaneous;

Last period: 11 June 2024

EDD by dates: 18 March 2025

First Trimester Ultrasound:

US machine: philips affinity 50. Visualisation: good.

Gestational age: 12 weeks + 0 days from CRL

EDD by scan: 13 March 2025

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	165 bpm
Crown-rump length (CRL)	54.1 mm
Nuchal translucency (NT)	1.6 mm
Ductus Venosus PI	3.120
Placenta	posterior low
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.

Comments: Reversal of "a" wave in Ductus Venosus ..

Uterine artery PI:	2.22	equivalent to 1.300 MoM
Mean Arterial Pressure:	85.2 mmHg	equivalent to 1.030 MoM
Endocervical length:	31.0 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 627	1: 12533
Trisomy 18	1: 1457	1: 12265
Trisomy 13	1: 4591	<1: 20000

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First Trimester Screening Report

Preeclampsia before 34 weeks

1: 1094

Fetal growth restriction before 37 weeks

1: 49

The background risk for aneuploidies is based on maternal age (30 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).

