12/9/24

1) Mrs. Fiyclous Fatima

Age - 27 Y/F

Double Monkey

DOB - 01/10/1996

LMP - 15/6/2024

High - 5 feet

weight - 54 kg.

NAME	MRS. FIRDOUS FATIMA	AGE / SEX	27YRS / F
REFERRED BY	DR. MANSI GULATI (MBBS, OBS & GYN.)	DATE	12/09/2024

USG ANC (NT / NB SCAN)

GENERAL SCAN: Uterus shows single live intrauterine fetus with changing presentation.

LIQUOR	Adequate		
FETAL CARDIAC ACTIVITY	Present	FHR	168 bpm
PRESENTATION	Cephalic Presentation at the time of scan		
PLACENTA	Posterior at the time of scan		
SPINE	Variable		
FETAL MOVEMENTS	Present		
UMBILICAL CORD	Two arteries, one vein		
INTERNAL OS	closed		
CERVICAL LENGTH	3.0 cm		

BIOMETRY:

Crown Rump Length (CRL)	5.9 cm	12 weeks 03 days
EDD (LMP): 22/03/2025		
EDD (USG): 24/03/2025 +/- 15 DAYS		

ULTRASOUND PARAMETERS:-

1. Nuchal translucency = 1.6 mm (within normal limits)
2. Intracranial translucency is seen.
3. Ossified Nasal bone is present. Nasal bone length measures 3.6 mm 76.8% (Non-ossified nasal bone is marker of Down's Syndrome.)
4. Ductus Venosus Doppler PI =1.4 with reversal of "a" wave seen.
5. Tricuspid regurgitation- absent. (TV PSV= 44.7cm) [TV NORMAL PSV <60 cm]

RISK ASSESSMENT DONE BY FMF SOFTWARE

Risk for trisomies at 11-13 weeks
Report date 18-02-2023
Examination date 18-02-2023
Gestational age 12^{+5} weeks

2003D55A755ADA

Maternal characteristics

Age in years 28.5
Previous baby/fetus with T21 No
Previous baby/fetus with T18 No
Previous baby/fetus with T13 No

Measurements at 11-13 w

Fetal crown-rump length 64.2 mm
Nuchal translucency 1.8 mm
Fetal heart rate 152 bpm

RISKS FROM HISTORY ONLY

Trisomy 21:	1 in 714
Trisomy 18:	1 in 1667
Trisomy 13:	1 in 5000

RISKS FROM HISTORY PLUS NT, FHR

Trisomy 21:	1 in 3333
Trisomy 18:	1 in 3333
Trisomy 13:	1 in 10000

Better Diagnostics, Healthier Lives

GT DIAGNOSTIC

A Unit Of Gyani and Tiwari Research and Healthcare

X-Ray | Sonography | Echo Cardiography | Endoscopy | Pathology | X-Ray | ECG EEG

FETAL ANATOMY: suboptimal visualization (12 TO 14 WEEKS)

HEAD	➢ Skull/Calvarium appears normal and smooth. ➢ Midline falx - Seen - Normal. ➢ Choroid Plexi - Seen - Normal. ➢ No identifiable intra–cranial lesion noted.
NECK	➢ Appear normal. No cystic lesion noted around the neck.
SPINE	➢ Seen- appears normal.
HEART	➢ Heart rate and axis appears normal.
ABDOMEN	➢ Abdominal situs is normal. ➢ Stomach bubble is seen and appear normal. ➢ Umbilical cord insertion seen normal
LIMBS	➢ Both upper and lower limbs seen- present.

DOPPLER SCREENING:

UTERINE ARTERIES	PI	RI	NOTCH
Right	1.6	0.4	PRESENT
Left	0.9	0.5	PRESENT
Mean PI	1.25	Mean PI value is within normal limits	

IMPRESSION: -

- A single live intra uterine gestation of 12 weeks 03days.
- No gross fetal anatomical abnormality seen.
- Reversal of "a" wave seen in Ductus Venosus .
- Nuchal translucency (NT) = 1.6 mm
- Bilateral Uterine Arteries Notching present; However, Mean PI is Within Normal Limits.

SUGGEST: - Serum beta HCG and PAPPA assay may be done to improve the detection rate of the screening test. To improve sensitivity of the combined test, "Integrated test" may be done by doing quadruple marker test in the second trimester (16 weeks) and modifying the risk of the 1st trimester screening. Further evaluation with ANOMALY SCAN AT 19-22 weeks of pregnancy suggested.

DECLARATION: - I Dr. KALYANI WANI *(M.D. Rad)* declare what while conducting ultrasonography scanning on this patient (MRS. FIRDOUS FATIMA). I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

DR. KALYANI WANI
MBBS (KEM HOSPITAL MUMBAI)
MD RADIODIAGNOSIS (GMCH, NAGPUR)
EX-SENIOR RESIDENT (SION HOSPITAL, MUMBAI)
CONSULTANT RADIOLOGIST