

First Trimester Screening Report

INDROKE SHUBHANGI

Date of birth : 18 June 2000, Examination date: 20 September 2024

First Trimester Ultrasound:

Gestational age: 13 weeks + 4 days from CRL

EDD by scan: 24 March 2025

Fetal heart activity	visualised
Fetal heart rate	151 bpm
Crown-rump length (CRL)	74.9 mm
Nuchal translucency (NT)	1.6 mm
Biparietal diameter (BPD)	22.4 mm
Ductus Venosus PI	0.840

Chromosomal markers:

Nasal bone: present; Tricuspid Doppler: normal.

Uterine artery PI: 2.48

Endocervical length: 33.0 mm

Risks / Counselling:

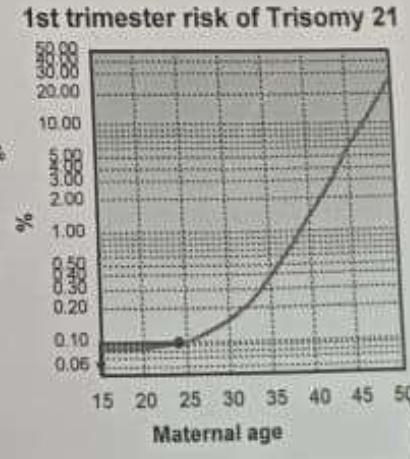
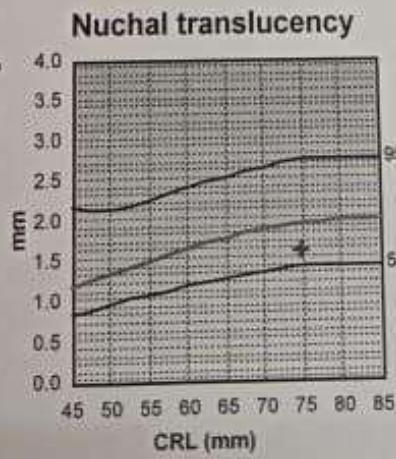
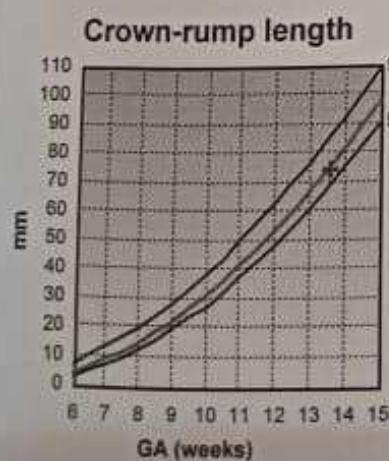
Patient counselled and consent given.

Operator: Pradnya Khadilkar, FMF Id: 189119

Condition	Background risk	Adjusted risk
Trisomy 21	1: 1025	1: 4309
Trisomy 18	1: 2630	1: 7970
Trisomy 13	1: 8214	<1: 20000

The background risk for aneuploidies is based on maternal age (24 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).

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).





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c: SHUBHANGI INDROKE
F

L'r. Mrs. Pradnya H. Khadilkar

M.B.B.S., M.D. (Radiology)

Consultant Radiologist & Sonologist

Certified Consultant: FMF (UK)

Fetal Medical Foundation, (London, UK)

Date: 20-Sep-2024

Ref By: DR MRS WADGAONKAR MADAM

Study: NT SCAN

OBSTETRIC SONOGRAPHY - NT SCAN

LMP :- 17/06/2024

GA :- 13 WK 4 D

EDD :- 24/03/2025

Real time B-mode sonography of gravid uterus was done with following findings

Restricted visualisation of fetus due to excess maternal abdominal fat.

E/o a single live intrauterine fetus with changing lie.

Fetal movements are well seen. Fetal cardiac activity is normal. FHR - 151 b/m.

Liquor is adequate. Placenta is posterior, upper uterine segment.

Fetal biometry :-

BPD :- 2.24 cm ~ 13 wk 5 d

AC :- 6.70 cm ~ 13 wk 2 d

HC :- 8.35 cm ~ 13 wk 5 d

FL :- 0.98 cm ~ 12 wk 6 d

AGA :- 13 wk 3 d

EDD :- 25/03/2025

EFW :- 71 gm.

N.T. - 1.6 mm

N.B. - seen.

CRL :- 7.49 cm

Cervix :- 3.3 cm. Internal os is closed.

Adnexa :- normal.

Fetal survey :-

Skull & brain :- echogenic fetal skull seen. Midline echo & choroid plexuses filling the lateral ventricles are seen. Intracranial translucency appears normal.

Face :- Orbita, premaxillary triangle are seen.

Spine :- Vertebral bodies and overlying skin demonstrated.

Heart :- four chamber view seen. Normal flow is noted across tricuspid valve.

No e/o tricuspid regurgitation.

Thorax :- Shape of chest appears normal.

Abdomen :- Stomach & bladder are normal. E/o normal insertion of umbilical cord into abdomen.

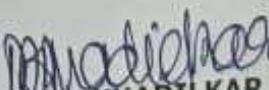
Limbs :- Long bones, hands & feet seen. Shape & ecogenicity is normal.

Movements of joints is normal.

Uterine artery PI -right - 1.91 , left - 3.05 . Mean - 2.48 . Percentile - 97 (Pathological).

E/o increased uterine artery mean PI > 95 centile s/o increased uterine artery resistance.

OPINION:- Single, live, intrauterine fetus of maturity 13 wk 3 d with posterior placenta and no gross anomaly detected at this gestational age. Restricted visualisation of fetus due to excess maternal abdominal fat. Kindly correlate clinically & SOS further evaluation with biochemical markers.


Dr. (Mrs) PRADNYA KHADILKAR
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