

First Trimester Screening Report

MS. SUSMITA DEY BHATTACHARJEE

Date of birth : 23 August 1985, Examination date: 15 September 2024

Referring doctor: DR. A. DEWAN, MBBS, DGO

Maternal / Pregnancy Characteristics:

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

Maternal weight: 55.8 kg; Height: 160.0 cm.

Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: no; Antiphospholipid syndrome: no; Patient's mother had preeclampsia: no.

Method of conception: In vitro fertilization; donor egg; Age of donor at egg collection: 28 years.

Last period: 22 June 2024

EDD by dates: 29 March 2025

First Trimester Ultrasound:

Visualisation: good.

Gestational age: 12 weeks + 1 days from dates

EDD by scan: 29 March 2025

Chorionicity: Dichorionic diamniotic.

Fetus 1:

Findings

Dead fetus

Fetal heart activity

not visualised

Crown-rump length (CRL)

43.8 mm

Ductus Venosus PI

0.940

Placenta

Fundo body
anterior. Not low
lying.

Amniotic fluid

normal

Cord

3 vessels

Fetus 2:

Findings

Alive fetus

Fetal heart activity

visualised

Fetal heart rate

167 bpm

Crown-rump length (CRL)

74.0 mm

Nuchal translucency (NT)

1.6 mm

Biparietal diameter (BPD)

25.7 mm

Ductus Venosus PI

1.040

Placenta

Fundo body
anterior. Not low
lying.

Amniotic fluid

normal

Cord

3 vessels

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Dr. Jeena Bordoloi Deka
Consultant Radiologist

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Chromosomal markers:

Nasal bone: present; Tricuspid Doppler: normal.

Comments: Fetus A is overlying the internal OS. Fetus B is towards the maternal right.

Uterine artery PI: 0.62
Endocervical length: 40.0 mm

Risks / Counselling:

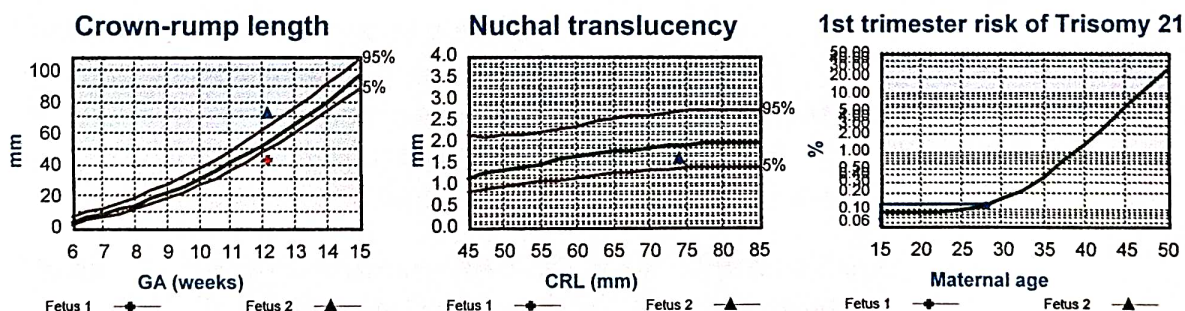
Patient counselled and consent given.

Operator: JEENA BORDOLOI DEKA, FMF Id: 205462

Condition	Background risk	Fetus1	Fetus2
Trisomy 21	1: 770		1: 3259
Trisomy 18	1: 1968		1: 5963
Trisomy 13	1: 6148		1: 10036

The background risk for aneuploidies is based on current infertility treatment. 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).



Comments

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NAME: MS. SUSMITA DEY BHATTACHARJEE	DATE: 15.09.2024
AGE / SEX: 37 YRS / FEMALE	
REFERRED BY: DR. A. DEWAN, MD.	

Detail anatomical survey of the alive fetus (B) was performed as per ISUOG guidelines:

- * **Fetal head:** Calvarium size, shape and ossification are normal.
 Ventricles with choroid plexus are normal. Midline falx is normal.
 "Butterfly" sign is noted. Brain stem, thalami & peduncles are normal.
 Intracranial translucency is within normal limits.
- * **Fetal face :** Orbits are normal. Retro nasal triangle is normal.
 Maxilla and mandibles are normal. The palate is normal. Normal mandibular gap is seen.
 Nasal bone is present and normal.
- * **Fetal neck:** Nuchal translucency is within normal limits.
 No jugular lymphatic sacs are seen.
- * **Thorax:** Shape of the thoracic wall is normal.
 Lungs appear normal. Diaphragms are normal.
 No hernia seen
- * **Heart:** Situs is normal. Rhythm is regular. Axis is normal.
 Normal 4 chamber heart is seen. Normal inflows across AV valves is seen.
 3 VT view shows normal outflows seen with antegrade flow LVOT view is normal.
 No tricuspid regurgitation is seen.
- * **Abdomen:** Stomach is normal in position.
 Kidneys are present bilaterally.
 Urinary bladder is normal with two vesical arteries bordering it.
 Normal angle of vesical arteries with aorta is noted.
 Normal flow in the ductus venosus is seen. No "a" wave reversal is noted.
- * **Spine :** Fetal spine appears normal with regular shape & continuity.
 No definite evidence of open neural tube defect is seen.
 No bulge or defect in skin is seen.
- * **Limbs :** Both lower & upper limbs are present .
 Each limb shows three segments with free movement.


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IMPRESSION:

* DICHORIONIC DIAMNIOTIC TWIN INTRAUTERINE GESTATION WITH ONLY ONE ✓
VIALE FETUS IE FETUS B CORRESPONDING TO A GESTATIONAL AGE OF 12 WEEKS 1 DAY
(ASSIGNED AS PER LMP)

FETUS A OF 11 WEEKS 1 DAY SIZE IT IS SEEN OVERLYING THE INTERNAL OS AND SHOWS NO
CARDIAC ACTIVITY & MOVEMENT
--- FEATURES ARE SUGGESTIVE OF INTRA UTERINE DEMISE.

GROWTH OF VIABEL FETUS B ASSIGNED AS PER BIOMETRY IS : 13 WEEKS 6 DAYS

* EDD IS : 29.03.2025 (ASSIGNED AS PER LMP / ET).

* LIQUOR VOLUME IS NORMAL IN BOTH CAVITIES .

* NUCHAL TRANSLUCENCY WITHIN NORMAL LIMITS IN FETUS B.

* NO ANEUPLOIDY MARKERS IS SEEN IN FETUS B. ✓

CERTAIN EVOLVING FETAL ANOMALIES MAY NOT BE DETECTED IN THE PRESENT SCAN. ✓

SUGGESTED : ANOMALY SCAN AT 20 - 22 WEEKS.

I, DR. JEENA BORDOLOI DEKA , declare that the sex of the fetus was strictly not detected nor
revealed to the patient or anybody else during or after the scan.

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Risk for preeclampsia (FMF calculator)

Report date 15-09-2024

Examination date 15-09-2024

Gestational age 13⁺³ weeks

Maternal characteristics

Age in years 28.7

Height in cm 160

Weight in kg 55.8

Racial origin South Asian

Smoking during pregnancy No

Family history of preeclampsia No

Method of conception In vitro fertilization

Singleton or twins Singleton

Medical history

Chronic hypertension No

Diabetes type I No

Diabetes type II No

Systemic lupus erythematosus No

Anti-phospholipid syndrome No

Obstetric history

Parity Nulliparous

Biophysical measurements

Mean arterial pressure 80 mmHg (0.965 MoM)

Uterine artery PI 0.6 (0.392 MoM)

Measurement date 15-09-2024

Preeclampsia risk from history only

< 37 weeks: 1 in 69


Preeclampsia risk from history plus MAP, UTPI

< 37 weeks: 1 in 1429

Recommendation

The risk of preeclampsia was assessed by a combination of maternal characteristics and medical history with measurements of blood pressure and blood flow to the uterus.

On the basis of this assessment the patient has been classified as being at low risk for developing PE before 37 weeks. Nevertheless, it is recommended that the risk is reassessed at 20 and 36 weeks.


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