

Dr. Pooja Shrivastava

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Obstetrics & Gynaecology  
No. MP-4298

and In : Gynaecological Endoscopy Laparoscopy & Hysteroscopy. Obstetric & Gynaecological Ultrasonography Laparoscopic Sterilization & Family Planning



- Ex. Resident Gynaecologist MY Hospital Indore.
- Trained in Obstetric Ultrasonography, Wadia Hospital Mumbai.
- Ex. Consultant Gynaecologist and Sonologist Urban RCH programme J P Hospital, Bhopal.

Obstetrician & Gynaecologist

Date-4/10/2

Kav Doliyanka Patidur  
Age- 29 F

WT 69.6 kg

BP 95/51

Pulse 68 per

Temp 98.8 D

~~Abd~~  
~~Dom~~  
~~nares~~  
~~trunk~~

Abd  
Dom  
nares  
trunk

R

R

o PAS Nairson 0.3 mg  
o PAS Euspirin 25 mg 0.3

er spf

Humper 1/2g 300  
Calsskond 1/2g 300

Harpor 1/2g 300

↓ mucus

mouth

डॉ. अंकिता विजयवर्गीय  
 म. बी. बी. एस. डी. एम. आर. डी  
 ड. आर. आर्ड. फैलोशिप:  
 नावदी हॉस्पिटल, मुंबई  
 दूजा हॉस्पिटल, मुंबई  
 रेडियोलोजिस्ट:  
 फॉर्टिस हॉस्पिटल, नोएडा  
 डी. बी. हॉस्पिटल, दिल्ली  
 तीसी हॉस्पिटल टिमिटेड, कानपुर  
 बाहर लाल नेहरू कैंसर हॉस्पिटल, भोपाल

DR. ANKITA VIJAYVARGIYA

MBBS, DMRD

MRI FELLOWSHIPS :

- NANAVATI HOSPITAL, MUMBAI
- HINDUJA HOSPITAL, MUMBAI

FORMER RADIOLOGIST AT:

- FORTIS HOSPITAL, NOIDA
- G.T.B HOSPITAL, DELHI
- REGENCY HOSPITAL LTD, KANPUR
- JAWAHAR LAL NEHRU CANCER HOSPITAL, BHOPAL

FMF Certified from  
 Fetal Medicine Foundation  
 Reg. No. MP-8932

PATIENT'S NAME : MRS. PRIYANKA

AGE/SEX : 29Y/F

REF. BY : DR. POOJA SHRIVASTAVA ( MBBS, MS )

DATE : 04.10.2024

### OBSTETRIC USG ( EARLY ANOMALY SCAN )

LMP: 08.07.2024 (Corrected according to dating scan) GA(LMP):12wk 4d EDD : 14.04.2025

- Single live fetus seen in the intrauterine cavity in variable presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 163 beats /min.
- PLACENTA: is grade I, posterior & not low lying.
- 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.
- Both orbits & lens seen. PMT is 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 1.4 mm ( WNL ).
- Ductus venosus shows normal flow & spectrum with positive "a" wave ( PI ~ 1.03 )

#### FETAL GROWTH PARAMETERS

▪ CRL 59.3 mm ~ 12 wks 3 days of gestation.

- Estimated gestational age is 12 weeks 3 days (+/- 1 week). EDD by USG : 15.04.2025
- Internal os closed. Cervical length is WNL (36.0 mm ).
- Baseline screening of both uterine arteries was done with mean PI ~ 2.32( WNL for gestation ).
- Date of last delivery 14.06.2023 .
- Gestation at delivery of last pregnancy 39 weeks 0 days.

#### IMPRESSION:

- Single, live, intrauterine fetus of 12 weeks 3 days +/- 1 week.
- Gross fetal morphology is within normal limits.

Follow up at 19-22 weeks for target scan for detailed fetal anomaly screening.

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 echogenicity. 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

Patidar Priyanka

Date of birth : 14 June 1995, Examination date: 04 October 2024

Address: hno. 8, patel sadan misrod  
narmadapuram road  
Bhopal  
INDIA

Referring doctor: DR. (MS) POOJA SHRIVASTAVA

## Maternal / Pregnancy Characteristics:

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

Parity: 2; Deliveries at or after 37 weeks: 2.

Maternal weight: 67.0 kg; Height: 165.1 cm.

Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: dont know; Antiphospholipid syndrome: dont know; Preeclampsia in previous pregnancy: no; Previous small baby: no; Patient's mother had preeclampsia: no.

Method of conception: Spontaneous;

Last period: 08 July 2024

EDD by dates: 14 April 2025

## First Trimester Ultrasound:

US machine: logiq f6. Visualisation: good.

Gestational age: 12 weeks + 4 days from dates

EDD by scan: 14 April 2025

Findings	Alive fetus	
Fetal heart activity	visualised	
Fetal heart rate	163 bpm	—●—
Crown-rump length (CRL)	59.3 mm	—●—
Nuchal translucency (NT)	1.4 mm	
Ductus Venosus PI	1.030	—●—
Placenta	posterior high	
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; both orbits & lens seen. No intrathoracic mass seen. 4 chamber heart seen. No TR.

Uterine artery PI:	2.32	equivalent to 1.420 MoM
Mean Arterial Pressure:	70.4 mmHg	equivalent to 0.830 MoM
Endocervical length:	36.0 mm	

## Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 698	1: 13961
Trisomy 18	1: 1667	1: 11801
Trisomy 13	1: 5241	<1: 20000

# First Trimester Screening Report

Preeclampsia before 34 weeks

1: 5770

Fetal growth restriction before 37 weeks

1: 296

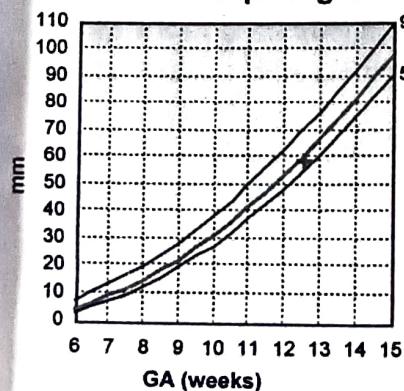
The background risk for aneuploidies is based on maternal age (29 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (fetal nuchal translucency thickness, nasal bone, tricuspid Doppler, fetal heart rate).

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).

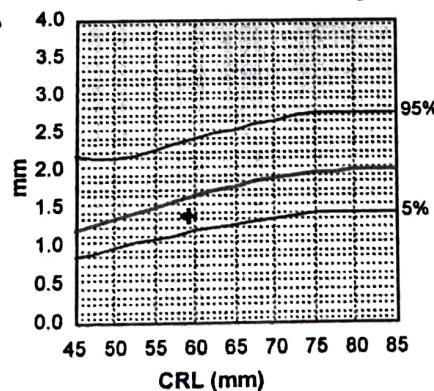
All biophysical markers are corrected as necessary according to several maternal characteristics including racial origin, weight, height, smoking, method of conception and parity.

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](http://www.fetalmedicine.com)).

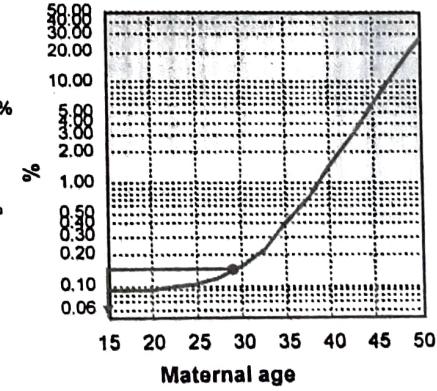
Crown-rump length



Nuchal translucency



1st trimester risk of Trisomy 21



(35)

mos- Peigantka fatidax 29/R

Double  
marker

DOB - 14 June - 1993.

height - 5.4 mm.

weight - 6.9.6 kg