

350

ms green summer 814

double

make

WT \rightarrow 60.8 kg.

Height \rightarrow 5.8 m.

D.O.B \rightarrow 25/06/1993

24 OCT 2024

BP 102/66

Pulse 96/min

Temp 99.8°F

Wt 60.8 kg

8
Mr Das Asikhati m
2-2 Sps Hunger 1st, 2nd
2-2 Sps Caloric 1st, 2nd
2-2 Sps Market 1st, 2nd
2-2 Sps
↓
Invent

Mr
Doubt
market
full

Run
up
D

AGE/SEX : 31Y/F

DATE : 23.10.2024

EDD : 05.05.2025

- 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 2.0 mm (WNL).
- Ductus venosus shows normal flow & spectrum with positive "a" wave (PI ~ 1.12)

* CRL 64.9 mm ~ 12 wks 6 days of gestation.

- Estimated gestational age is **12 weeks 4 days (+/- 1 week)**. EDD by USG : 01.05.2025
- Internal os closed. Cervical length is WNL (35.2 mm).
- Baseline screening of both uterine arteries was done with mean PI ~ 2.10 (WNL for gestation).
- Date of last delivery 09.02.2018 .
- Gestation at delivery of last pregnancy 41 weeks 3 days.

- Single, live, intrauterine fetus of 12 weeks 4 days +/- 1 week.
- Gross fetal morphology is within normal limits.

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

Conclusion: I have neither detected nor disclosed the sex of the fetus to pregnant woman or to anybody. (It must be noted that fetal anomaly 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 advantages & limitations of this examination.)

(DR. ANKITA VIJAYVARGIYA)

First Trimester Screening Report

Parmar Meenu

Date of birth : 25 June 1993, Examination date: 23 October 2024

Address: hno. 25, ratan pur sadak 11
mill misrod
Bhopal
INDIA

Referring doctor: DR. (MS) POOJA SHRIVASTAVA

Maternal / Pregnancy Characteristics:

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

Parity: 1; Deliveries at or after 37 weeks: 1.

Maternal weight: 60.4 kg; Height: 172.7 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: 29 July 2024


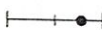

EDD by dates: 05 May 2025

First Trimester Ultrasound:

US machine: logiq f6. Visualisation: good.

Gestational age: 12 weeks + 2 days from dates

EDD by scan: 05 May 2025

Findings	Alive fetus	
Fetal heart activity	visualised	
Fetal heart rate	172 bpm	
Crown-rump length (CRL)	64.9 mm	
Nuchal translucency (NT)	2.0 mm	
Ductus Venosus PI	1.120	
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.

Uterine artery PI:	2.10	equivalent to 1.310 MoM
Mean Arterial Pressure:	81.4 mmHg	equivalent to 0.970 MoM
Endocervical length:	35.2 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 545	1: 10830
Trisomy 18	1: 1338	1: 8070
Trisomy 13	1: 4195	1: 4863
Preeclampsia before 34 weeks		1: 3000