



L. N. MEDICAL COLLEGE & J. K. HOSPITAL

(A MCI APPROVED / ISO 9001:2008 CERTIFIED INSTITUTE)



First Trimester Screening Report

Mrs. Babita Sharma

Date of birth : 10 June 1994, Examination date: 12 November 2024

Address: Bari road, vinod vihar
colony, Dhaulpur PO:
Dholpur
Rajasthan 328001
India

Private Tel.: 8503052882

Referring doctor: DR RASHMI TRIPATHI

OBSTRETICS & GYNEACOLOGY

Maternal / Pregnancy Characteristics:

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

Parity: 1; Spontaneous deliveries between 16-30 weeks: 1.

Maternal weight: 52.0 kg; Height: 155.0 cm.

Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no;

Systemic lupus erythematosus: no; Antiphospholipid syndrome: no; Preeclampsia in previous pregnancy: no; Previous small baby: no; Patient's mother had preeclampsia: no.

Method of conception: Spontaneous;

Last period: 18 August 2024

EDD by dates: 25 May 2025

First Trimester Ultrasound:

US machine: s-10 GE VOLUSIN. Visualisation: good.

Gestational age: 12 weeks + 4 days from CRL

EDD by scan: 23 May 2025

Findings	Alive fetus	
Fetal heart activity	visualised	
Fetal heart rate	160 bpm	—●—
Crown-rump length (CRL)	61.5 mm	—●—
Nuchal translucency (NT)	1.4 mm	
Biparietal diameter (BPD)	17.9 mm	
Ductus Venosus PI	1.100	—●—
Placenta	left lateral	
Amniotic fluid	normal	
Cord	3 vessels	

Chromosomal markers:

Nasal bone: present; Tricuspid Doppler: normal.

Fetal anatomy:

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Skull/brain: appears normal; Spine: appears normal; Heart: APPEARS NORMAL;
Abdominal wall: appears normal; Stomach: visible; Bladder / Kidneys: visible; Hands:
both visible; Feet: both visible.

Uterine artery PI: 1.84 equivalent to 1.110 MoM
Endocervical length: 57.0 mm

Risks / Counselling:

Patient counselled and consent given.

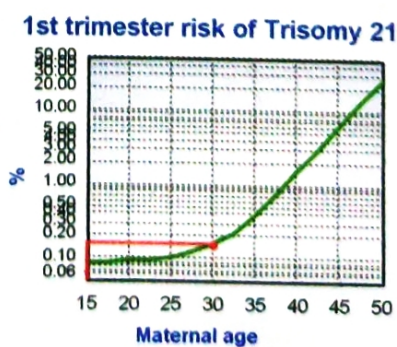
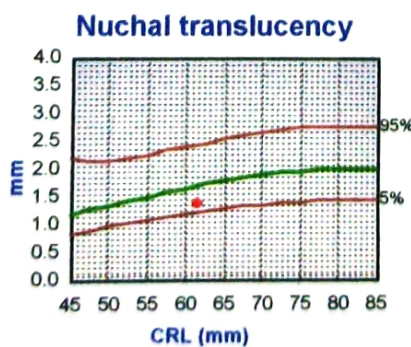
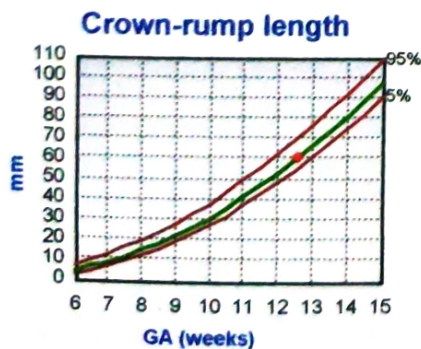
Operator: Sonam Verma, FMF Id: 277360

Condition	Background risk	Adjusted risk
Trisomy 21	1: 614	1: 12274
Trisomy 18	1: 1482	<1: 20000
Trisomy 13	1: 4653	<1: 20000

The background risk for aneuploidies is based on maternal age (30 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, ductus venosus Doppler, fetal heart rate).

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).





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Comments

- SINGLE LIVE INTRAUTERINE GESTATION
- GESTATIONAL AGE BY FETAL BIOMETRY: 12 Weeks 03 Days +/- 1 Week
- AGREED EDD (BASED ON LMP): 25/05/2025
- Nuchal Translucency, Nasal Bone, Tricuspid flow& Ductus Venosus Doppler : within normal limit.
- NO OBVIOUS SONOLOGICAL STRUCTURAL ABNORMALITIES DETECTED FOR THIS GESTATION.
- PLACENTA : Left Lateral: **Lower edge of placenta licking the internal-os.**
- ENDOCERVICAL LENGTH: 57 mm: NORMAL
- MEAN UTERINE ARTERY PI; 1.84 (1.09 MoM) – SCREEN NEGATIVE FOR PET

COUNSELLING NOTES:

- After a detailed NT scan, the risk of Downs syndrome has reduced from 1: 614 (Background risk based on maternal age) to 1: 12274 (Based on NT + NB + TF + DV + FHR)
- I have explained the different screening tests, their detection rates and limitations of screening to couple. The detections rates for chromosomal abnormalities with various screening test are as follows-
 - 1)First Trimester NT only – 75%
 - 2)First Trimester Combined (NT+ Maternal Blood Test)- 80- 85%
 - 3) Maternal Blood test For Cell free Fetal DNA - 99%
 - 4) Invasive Testing (CVS/ Amniocentesis), Confirmatory test with related miscarriage risk of about 1:200 .
- I have offered the option of risk assesement with First Trimester biochemistry to the mother .Couple understand that this is risk assessment only and chromosomal abnormalities can not be diagnosed by ultrasound and or blood test on their own.
- Please Correlate With Dual MARKER TEST for First Trimester Combined screening(FTS).
- **Suggested; ** IF FTS POSITIVE, REVIEW WITH THE REPORT AT THE EARLIEST**
**** IF FTS NEGATIVE, REPEAT ANOMALY SCAN AT 19-22 WEEKS TO RULE OUT ANOMALY.**

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Please note:

**** Attention Pregnant patients**

Kindly bring the below said documents each & everytime coming for scans it is mandatory By GOI

- 1) Doctors prescription with indication for the scan & her/his seal & signature.
- 2) Aadhar Proof photocopies/ Xerox Copies in the name of patient
- 3) All available scan reports Of the present pregnancy
- 4) Kindly bring valid doctors Prescription everytime coming for scanning , other procedure & also available previous test reports. Also, please keep extra time to fill the detailed GOI -mandated "F-Form " before the scan.

Disclaimer: All abnormalities and genetic syndromes cannot be ruled out by ultrasound examination. Ultrasound examination has its own limitations. Some abnormalities evolve as the gestation advances. The detection rate of abnormality depends on gestational age of the fetus, fetal position, tissue penetration of sound waves, amniotic fluid volume, fetal movements and patients body habitus. Patient has been counseled about the capability & limitation of the examination.

Declaration: I, Dr.Sonam Verma declare that while conducting ultrasonography /image scanning on Mrs. Babita Sharma, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

Best Wishes

Dr SonamVerma
M.D. RADIODIAGNOSIS
FETAL MEDICINE CONSULTANT
Reg NO: 18797, FMF ID: 277360

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