



## First Trimester Screening Report

**Mrs. Divyani Chouhan**

Date of birth : 20 May 2000, Examination date: 23 November 2024

Address: Barodiya, sehore  
Sehore 466331  
India

Private Tel.: 7987343068

Referring doctor: Dr. PRIYANKA VERMA

OBSTRETIC & GYNAECOLOGY

Address: LNMC BHOPAL  
BHOPAL 462042

### Maternal / Pregnancy Characteristics:

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

Maternal weight: 65.5 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: Spontaneous;

Last period: 03 September 2024

EDD by dates: 10 June 2025

Obst H/O : - G<sub>3</sub> A<sub>2</sub>

### First Trimester Ultrasound:

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

Gestational age: 12 weeks + 0 days from CRL

EDD by scan: 07 June 2025

Findings	Alive fetus
Fetal heart activity	visualised
Crown-rump length (CRL)	53.7 mm
Nuchal translucency (NT)	0.8 mm
Biparietal diameter (BPD)	16.2 mm
Ductus Venosus PI	0.950
Placenta	RIGHT POSTERIOR 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: 1.86  
Endocervical length: 38.0 mm

### Risks / Counselling:

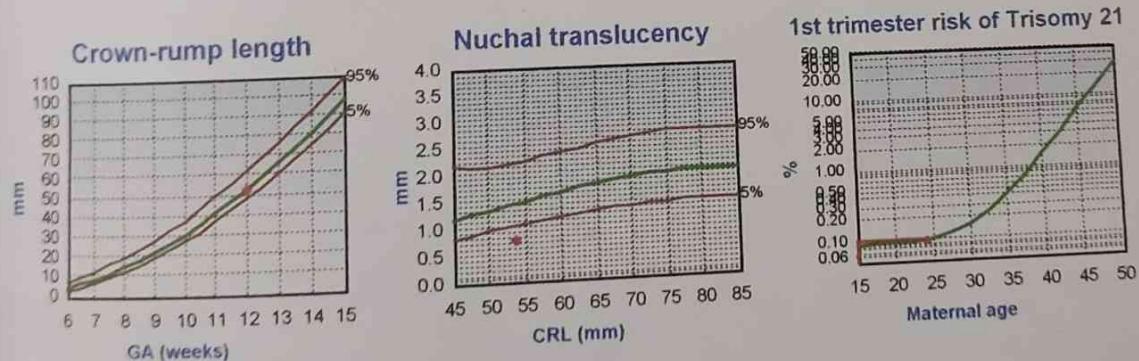
Patient counselled and consent given.

Operator: Sonam Verma, FMF Id: 277360

Condition	Background risk	Adjusted risk
Trisomy 21	1: 963	1: 19254
Trisomy 18	1: 2234	<1: 20000
Trisomy 13	1: 7040	<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, nasal bone, tricuspid Doppler, ductus venosus Doppler).

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)).



### Comments

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, Sarvadham, C-Sector, Kolar Road, Bhopal - 462042 (M.P.) Hospital : 0755 - 4087000-01-02/4087006  
Medical College : 0755-4049600, Web : [www.Lnctu.ac.in](http://www.Lnctu.ac.in), email : [hospital@Lnctu.ac.in](mailto:hospital@Lnctu.ac.in)

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### IMPRESSION:

- SINGLE LIVE INTRAUTERINE GESTATION
- GESTATIONAL AGE BY FETAL BIOMETRY: 12 Weeks 0 Days +/- 1 Week
- AGREED EDD (BASED ON LMP): 10/06/2025
- Nuchal Translucency, Nasal Bone, Tricuspid flow & Ductus Venosus Doppler : within normal limit.
- NO OBVIOUS SONOLOGICAL STRUCTURAL ABNORMALITIES DETECTED FOR THIS GESTATION.
- PLACENTA : RT POSTERO LATERAL , **LOWER EDGE OF PLACENTA REACHING THE INTERNAL-OS.**
- ENDOCERVICAL LENGTH: 38 mm: NORMAL
- MEAN UTERINE ARTERY PI; 1.86 – SCREEN NEGATIVE FOR PET

### COUNSELLING NOTES:

- After a detailed NT scan, the risk of Downs syndrome has reduced from 1: 963 (Background risk based on maternal age) to 1:19254 (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 assessment 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 Divyani Chouhan , I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

**Best Wishes**

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

Dr. Sonam Verma  
MBBS, MD Fetal Medicine Specialist  
Reg. No. : MP-18797  
Assistant Professor  
Department of Radiodiagnosis  
L.N. Medical College & J.K. Hospital  
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Mrs. DIVYANI CHOUHAN

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