

(57) :- Mrs - Divya Chauhan 34/A 21-10-1990 1.2 Double Marker Test

Weight - 67.8 kg  
Height - 5.6 inches

(48) 8839942442 DOB - 21-10-1990 -



Dr. pooja Shrivastava

MBBS

MS (Obstetrics & Gynaecology)

Reg No. MP-4298

Trained 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

Consultation fee valid for 3 visits/15 days whichever is earlier in routine  
opd hours only (Monday to Saturday)

Name : MRS. DIVYA CHOUHAN

Address : Rajharsh Colony Kolar

Age/Sex : 34 Years / Female

Mobile No.: 8839942442

LH-A-010729

Date : 17-Dec-2024



HA Duktun  
for  
Obstetrics  
NOT IN B/L  
E

BP 111/54  
Pulse 74/min  
Temp 96.8°F  
SpO2 98.1%  
WT 67.8 kg

Emergency Call : 9425005377

Email Id : poojadr2003@gmail.com



Lotus Hospital

LOTUS HOSPITAL

M-351, Rajharsh Colony, Nayapura, Kolar main road, Bhopal

Ph.: 0755-4093322, 0262093322 8085441332

Time: 11:00pm to 3:00pm and 6:00pm to 8:00pm

Signature



Scanned with OKEN Scanner



18 DEC 2024

1st  
Dante  
under  
sun

R

BP 111/66  
Pulse 80/min

2-2 Tds Nauseum OD 1ms Temp 98.6°F  
2-2 Tds Hump 1mg Bg 68-44

2-2 Tds Cataract 1mg Bg

2-2 bus Marquet 1mg Bg  
Sun- Smoke  
P  
Pulse  
Super

1 mouth

Lotus Hospital

# First Trimester Screening Report

Chouhan Divya

Date of birth : 21 October 1990, Examination date: 18 December 2024

Address: hno. f- 2/78, rajharsh colony  
kolar road  
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: 67.0 kg; Height: 167.6 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: 18 September 2024

EDD by dates: 25 June 2025

## First Trimester Ultrasound:

US machine: logiq f6. Visualisation: good.

Gestational age: 13 weeks + 0 days from dates

EDD by scan: 25 June 2025

Findings	Alive fetus	
Fetal heart activity	visualised	
Fetal heart rate	152 bpm	
Crown-rump length (CRL)	73.8 mm	
Nuchal translucency (NT)	1.9 mm	
Ductus Venosus PI	0.710	
Placenta	anterior 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 . PMT is intact.

Uterine artery PI:	1.56	equivalent to 1.030 MoM
Mean Arterial Pressure:	72.4 mmHg	equivalent to 0.850 MoM
Endocervical length:	33.2 mm	

## Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 337	1: 5761
Trisomy 18	1: 861	1: 4505
Trisomy 13	1: 2689	<1: 20000



# अंकिता विजयवर्गीय

डॉ. बी. एस., डी. एम. आर. डी  
आर. आई. फेलोशिप :  
मि.टी. हॉस्पिटल, मुंबई  
हॉस्पिटल, मुंबई  
डिप्लोमाजिस्ट :  
मि. हॉस्पिटल, नोएडा  
मि. बी. हॉस्पिटल, दिल्ली  
मि. हॉस्पिटल लिमिटेड, कानपुर  
र. लाल नेहरू कैंसर हॉस्पिटल, भोपाल

## DR. ANKITA VIJAYVARGIYA MBBS, DMRD

### MRI FELLOWSHIPS :

- NANAVATI HOSPITAL, MUMBAI
- HINDUJA HOSPITAL, MUMBAI

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

### FORMER RADIOLOGIST AT:

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

PATIENT'S NAME : MRS. DIVYA

AGE/SEX : 34Y/F

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

DATE : 18.12.2024

### OBSTETRIC USG ( EARLY ANOMALY SCAN )

LMP: 18.09.2024 (Corrected according to dating scan) GA(LMP):13wk 0d EDD : 25.06.2025

- Single live fetus seen in the intrauterine cavity in variable presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 152 beats /min.
- PLACENTA: is grade I, anterior & 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 1.9 mm ( WNL ).
- Ductus venosus shows normal flow & spectrum with positive "a" wave ( PI ~ 0.71 )

#### FETAL GROWTH PARAMETERS

▪ CRL 73.8 mm ~ 13 wks 3 days of gestation.

- Estimated gestational age is 13 weeks 3 days (+/- 1 week). EDD by USG : 22.06.2025
- Internal os closed. Cervical length is WNL ( 33.2 mm ).
- Baseline screening of both uterine arteries was done with mean PI ~ 1.56 ( WNL for gestation ).
- Date of last delivery 21.09.2017 .
- Gestation at delivery of last pregnancy 40 weeks 0 days.

#### IMPRESSION:

- Single, live, intrauterine fetus of 13 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 ecogenicity. Therefore all fetal anomalies may not be detected at every examination. Patient has been counselled about capabilities & limitations of this examination. )

( DR. ANKITA VIJAYVARGIYA )

Shop No. 22/23, Lower Ground Floor (Basement) C.I. Square Mall, Kolar Road, Bhopal  
Mob.:9648844111, 7379330099





# First Trimester Screening Report

Preeclampsia before 34 weeks

1: 12428

Fetal growth restriction before 37 weeks

1: 442

The background risk for aneuploidies is based on maternal age (34 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)).

