



DAYAL MULTISPECIALITY HOSPITAL



Dr. Sheetal Dayal

**OBGyn Women Health City
Dedicated Division OF DMH**

M.S. (OBG) Gold Medalist
Ex. Associate Professor in OBG, LNMC Bhopal
Fellowship in Advanced Ultrasonography (F.O.G.S.I.)
Trained in Fetal Medicine F.U.P. Bangalore
Certified by Fetal Medicine Foundation U.K.
Fellowship in Advanced Infertility & Treatment (IVF-ET-IUI)
Fogsi Recognised Ultrasound Teaching Centre for Basic & Advance Ultrasound Course

Department Of Obstetric & Gynecology

OPD ASSESSMENT SHEET

Mrs. Shikha Pardeshi

13/01/25

31y

G3P2L1 @ 12w2d

O/C

BP: 140/80 mmHg
Wt: 70.65 kg

PIA: 12w④

Re-

- T. Ibuspain 150mg 100 x 1m
 - T. Labet 100mg 100 x 1m
 - T. gm care 100 x 1m o.
 - T. calcare 100 x 1m o.
 - T. ferrous 100 x 1m o.
 - prelife powder stop
 - Aug 17 Blm.
- 7 till 3 weeks

Adv
DMT.

13.02.25
ANC

17





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ULTRASOUND REPORT

NAME : Mrs. Shikha Pardesi

DATE: 13/01/2025

Ref. By . self

L.M.P. :- 23-10-2024

EDD:- 30-07-2025

Fetal Presentation – Variable

Placenta : Ant. Gr. 2

MEASUREMENTS

Uterus is anteverted and enlarged shows the presence of single live intrauterine

Gestation in the uterine cavity

C.R.L. : 5.71cm 12w2d+/-6d

Aneuploidy Markers

Nasal Bone Present

NT : 0.09 cm

Ductus Venosus : Ductus Flow Normal

TR : Absent

Uterine Artery : Rt. UT. PI : 1.72 , Lt. UT. PI : 1.82 : Mean PI : 1.77

E.D.D. BY USG - 26-07-2025

Cervical length – 3.1 cm.

F.H.R. - 154 bpm

IMPRESSION : Early live intrauterine foetus corresponding to 12w2d with variable presentation .

Thanks for Referral

Dr. Sheetal

ADVISED FOR REFERRAL TO A RADIOLOGIST FOR DETAILED ANOMALY SCAN



DAYAL MULTISPECIALITY HOSPITAL



First Trimester Screening Report

Near BSNL Office, ITARSI 461111 (M.P.) Ph. 07572-241888, 9074874146

Email : dayalhospital@yahoo.com, www.dayalmultispecialityhospital.co.in

24x7 Ambulance Service - 9111365365

NABH ACCREDITED

निरामया

Pardesi Shikha

Date of birth : 09 October 1992, Examination date: 13 January 2025

Address: itarsi
Itarsi 461111
India

Mobile phone: 9074328485

Maternal / Pregnancy Characteristics:

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

Parity: 0; Spontaneous deliveries between 16-30 weeks: 0.

Maternal weight: 70.0 kg; Height: 151.0 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: 23 October 2024

EDD by dates: 30 July 2025

First Trimester Ultrasound:

US machine: WIPRO GE VOLUSON SWIFT. Probe: C1-5. Visualisation: good.

Gestational age: 12 weeks + 2 days from CRL

EDD by scan: 26 July 2025

Findings	Alive fetus	
Fetal heart activity	visualised	
Fetal heart rate	154 bpm	—●—
Crown-rump length (CRL)	57.1 mm	—●—
Nuchal translucency (NT)	0.9 mm	
Biparietal diameter (BPD)	22.6 mm	
Ductus Venosus PI	0.770	—●—
Placenta	anterior high	
Amniotic fluid	normal	

Chromosomal markers:

Nasal bone: present; Tricuspid Doppler: normal.

Fetal anatomy:

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

Uterine artery PI: 1.77 equivalent to 1,080 MoM

Endocervical length: 33.4 mm

Risks / Counselling:

Patient counselled and consent given.

Operator: Sheetal Dayal, FMF Id: 157254

Condition	Background risk	Adjusted risk
Trisomy 21	1: 460	1: 9191
Trisomy 18	1: 1086	1: 18993
Trisomy 13	1: 3415	<1: 20000
Preeclampsia before 34 weeks		1: 160
Fetal growth restriction before 37 weeks		1: 123
Spontaneous delivery before 34 weeks		1: 144



First Trimester Screening Report

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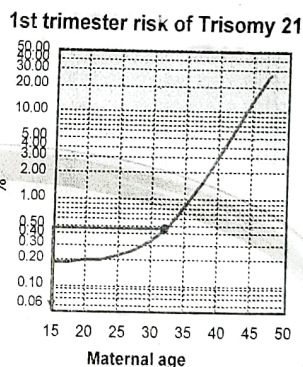
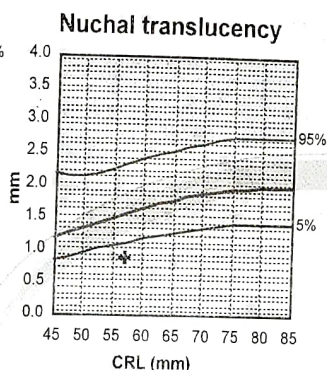
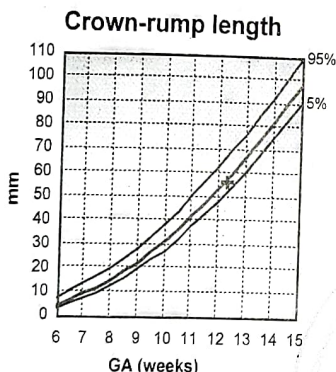


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Background: Risk at the time of screening, calculated on the basis of the following factors: (fetal nuchal translucency thickness, tricuspid Doppler, ductus venosus Doppler, fetal heart rate).

Risks for preeclampsia and fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history and uterine artery Doppler. 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).



Comments

Dr. Sheetal Dayal
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