

10 FEB 2025

~~Not~~  
~~Not~~  
~~Not~~

For  
Don't  
make fun  
R

wt 72.2 kg

BP 101/64

Pulse 82/min

SpO2 98.1

Date \_\_\_/\_\_\_/\_\_\_

Page No.

67.

ms wabbs sample 324115

Double mark

height 5.5 m

wt 72.7 kg

D.O.B. → 10/03/1992.

श्री. बी. एस. डी. एस. आर. डी.  
 आर. आई. पी.एस. :  
 श्री. डी.एस.टी., मुंबई  
 श्री. डी.एस.टी., मुंबई  
 श्री. डी.एस.टी. :  
 श्री. डी.एस.टी., नोएडा  
 श्री. डी. एस.टी., दिल्ली  
 श्री. डी.एस.टी. लिमिटेड, कानपुर  
 श्री. एस.टी.एस. डी.एस.टी., भोपाल

**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

**AGE/SEX : 32Y/F**

**DATE : 10.02.2025**

**EDD : 17.08.2025**

- Single live fetus seen in the intrauterine cavity in **variable** presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 160 beats /min.
- PLACENTA: is **grade I, anterior with lower edge just reaching upto internal os**.
- LIQUOR: is **adequate** for the period of gestation.

- 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 ~ 0.70 )

CRL 80.5 mm ~ 14 wks 0 days of gestation.

**Baseline screening of both uterine arteries was done with mean PI ~ 1.98(WNL for gestation).**

- Single, live, intrauterine fetus of 14 weeks 0 days +/- 1 week.
- Gross fetal morphology is within normal limits.
- Low lying placenta with lower edge just reaching upto internal os.

**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 fetal anatomy may not always be visible due to technical difficulties related to fetal position, amniotic fluid volume, fetal movements, maternal uterine wall thickness & tissue ecogenicity. Therefore all fetal anomalies may not be detected at every examination. Patient has been counselled about the abilities & limitations of this examination.)

(DR. ANKITA VIJAYVARGIYA)



# First Trimester Screening Report

Singh Nidhi

Date of birth : 10 March 1992, Examination date: 10 February 2025

Address: hno. 07, d, mart ke pass kolar  
road  
Bhopal  
INDIA

Referring doctor: DR. (MS) POOJA SHRIVASTAVA

## Maternal / Pregnancy Characteristics:

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

Parity: 0.

Maternal weight: 72.0 kg; Height: 160.0 cm.

Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: dont know; Antiphospholipid syndrome: dont know; Patient's mother had preeclampsia: no.

Method of conception: Spontaneous;

Last period: 10 November 2024




EDD by dates: 17 August 2025

## First Trimester Ultrasound:

US machine: logiq f6. Visualisation: good.

Gestational age: 13 weeks + 1 days from dates

EDD by scan: 17 August 2025

Findings	Alive fetus	
Fetal heart activity	visualised	
Fetal heart rate	160 bpm	
Crown-rump length (CRL)	80.5 mm	
Nuchal translucency (NT)	1.9 mm	
Ductus Venosus PI	0.700	
Placenta	anterior low	
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:	1.98	equivalent to 1.370 MoM
Mean Arterial Pressure:	78.3 mmHg	equivalent to 0.910 MoM
Endocervical length:	38.7 mm	

## Risks / Counselling:

patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 434	1: 8680
Trisomy 18	1: 1141	<1: 20000
Trisomy 13	1: 3555	<1: 20000

# LOTUS HOSPITAL & MATERNITY HOME

M-351, Rajharsh Colony, Nayapura, Kolar Main Road, Bhopal

## REPORT

Regn.:

Name: Nishi Singh

By: Dr. Pooja Shrivastava

Age: 32y

LMP 10/11/24

Sex: F

ED 17/8/25

Date: 1/1/25

7w 3d

### USG OBSTETRIC

Single live foetus seen in intrauterine cavity with presentation at the time of scan

Biometric Parameters

HC	-	mm	Wks	days	+/-	w	d
AC	-	mm	Wks	days	+/-	w	d
FL	-	mm	Wks	days	+/-	w	d
FTL	-	mm	Wks	days	+/-	w	d

Estimated Gestational Age Weeks

Color-Doppler

Heart rate: beats/min regular

Active foetal movement noted.

CONCLUSION: REAL TIME OBSTETRIC USG STUDY REVEALS:

SINGLE LIVE INTRAUTERINE FOETUS IN PRESENTATION AT THE TIME OF SCAN  
RESPONDING TO A MEAN GESTATIONAL AGE 7 WEEKS 6 DAYS

Estimated 162 bpm ED by MC 14/8/25  
Detailed foetal anatomy may not always be visible due to technical difficulties related to foetal movements, foetal position and amniotic fluid volume. Hence all foetal anomalies may not necessarily be detected at every examination.

DECLARATION-I POOJA SHRIVASTAVA DECLARE THAT WHILE CONDUCTING ULTRASONOGRAPHY ON Nishi HAVE NEITHER DETECTED NOR DISCLOSED ANY ABNORMALITY OF HER FETUS TO ANY BODY IN ANY MANNER.

Biological investigations have their own limitation. The above report is an opinion and not the final diagnosis.

This to be co-related with clinical profile investigations. In case of any discrepancy a review may be asked

fav: NT, NO scan between 11w12 - 13w6d

Dr. Pooja Shrivastava  
MBBS, MS (Obst. & Gynae)  
MP 4298