

(29)

mes-Neha pal 26/f

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weight- 72.5 kg

height - 5.3 in

DOB. 17-10-1998.

2025 11:25:21 AM

Y CENTRE TIs <0.1 12.02.2025
GIYA TId <0.1 11:26:21 AM
NT 0.8 CT 5 RS
30Hz/10.3cm
NT / Duct Ven / OS
H PI 5.80 -3.90
AO 90%
Gr 5
CS/MIS
FFZ/ES
NT 2/CRU 2

RE TIs <0.1 12.02.2025
TId <0.1 11:27:30 AM
NT 0.8 CT 5 RS
30Hz/10.3cm
NT / Duct Ven / OS
H PI 5.80 -3.90
AO 90%
Gr 5
CS/MIS
FFZ/ES
NT 2/CRU 2

12.02.2025
11:27:48 AM
NT 0.8 CT 5 RS
30Hz/10.3cm
NT / Duct Ven / OS
H PI 5.80 -3.90
AO 90%
Gr 5
CS/MIS
FFZ/ES
NT 2/CRU 2

डॉ. अंकिता विजयवर्गीय
बी. बी. एस., डी. एम. आर. डी
आर. आई. फेलोशिप :
बटी हॉस्पिटल, मुंबई
टी हॉस्पिटल, मुंबई
डिवालाजिस्ट :
स हॉस्पिटल, नोएडा
टी. बी. हॉस्पिटल, दिल्ली
टी हॉस्पिटल लिमिटेड, कानपुर
र लाल नेहरू कैंसर हॉस्पिटल, भोपाल

DR. ANKITA VIJAYVARGIYA
MBBS, DMRD
MRI FELLOWSHIPS :
• NANAVATI HOSPITAL, MUMBAI
• HINDUJA HOSPITAL, MUMBAI
FORMER RADIOLOGIST AT:
• FORTIS HOSPITAL, NOIDA
• G.T.B HOSPITAL, DELHI
• REGENCY HOSPITAL LTD, KANPUR
• JAWAHAR LAL NEHRU CANCER HOSPITAL, BHOPAL
FMF Certified from
Fetal Medicine Foundation
Reg. No. MP-8932

PATIENT'S NAME : MRS. NEHA

AGE/SEX : 26Y/F

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

DATE : 12.02.2025

OBSTETRIC USG (EARLY ANOMALY SCAN)

LMP: 22.11.2024

GA(LMP):11wk 5d

EDD : 29.08.2025

- Single live fetus seen in the intrauterine cavity in variable presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 152 beats /min.
- PLACENTA: is grade I, posterior & 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 1.4 mm (WNL).
- Ductus venosus shows normal flow & spectrum with positive "a" wave (PI ~ 0.78)

FETAL GROWTH PARAMETERS

CRL 54.6 mm ~ 12 wks 0 days of gestation.

- Estimated gestational age is 12 weeks 0 days (+/- 1 week). EDD by USG : 27.08.2025
- Internal os closed. Cervical length is WNL (37.8 mm).
- Baseline screening of both uterine arteries was done with mean PI ~ 1.86 (WNL for gestation).
- Date of last delivery 04.10.2022.
- Gestation at delivery of last pregnancy 39 weeks 3 days.

PRESSION:

- Single, live, intrauterine fetus of 12 weeks 0 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 the 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



Scanned with OKEN Scanner

First Trimester Screening Report

Pal Neha

Date of birth : 17 October 1998, Examination date: 12 February 2025

Address: hno. a-3 , kaberi 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: 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; Preeclampsia in previous pregnancy: no; Previous small baby: no; Patient's mother had preeclampsia: no.

Method of conception: Spontaneous;

Last period: 22 November 2024

EDD by dates: 29 August 2025

First Trimester Ultrasound:

US machine: logiq f6. Visualisation: good.

Gestational age: 11 weeks + 5 days from dates

EDD by scan: 29 August 2025

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	152 bpm
Crown-rump length (CRL)	54.6 mm
Nuchal translucency (NT)	1.4 mm
Ductus Venosus PI	0.780
Placenta	posterior 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:	1.86	equivalent to 1.120 MoM
Mean Arterial Pressure:	79.5 mmHg	equivalent to 0.920 MoM
Endocervical length:	37.8 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 883	1: 17667
Trisomy 18	1: 2060	<1: 20000
Trisomy 13	1: 6487	<1: 20000



First Trimester Screening Report

Preeclampsia before 34 weeks

1: 3438

Fetal growth restriction before 37 weeks

1: 417

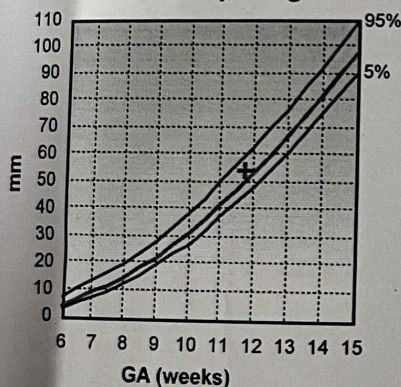
The background risk for aneuploidies is based on maternal age (26 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (fetal nuchal translucency thickness, nasal bone, tricuspid Doppler, ductus venosus Doppler, fetal heart rate).

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).

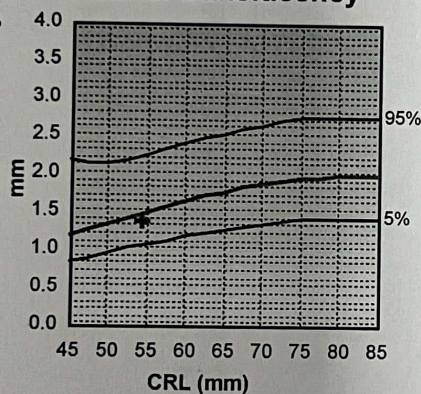
All biophysical markers are corrected as necessary according to several maternal characteristics including racial origin, weight, height, smoking, method of conception and parity.

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).

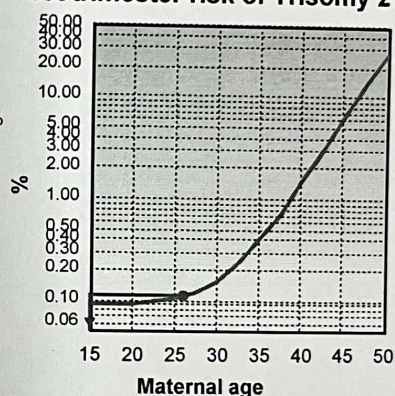
Crown-rump length



Nuchal translucency



1st trimester risk of Trisomy 21



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. NEHA PAL

Age/Sex : 26 Years / Female



LH-A-003207

Address : Kaveri Colony Kolar

Mobile No.: 9584879707

Date : 11-Feb-2025

in low
for
observed
(NT, slow)
R

BP 115/64

Pulse 92/min

Wt 72.7 kg

SpO2 98%

R
Pal Natusgum SR 200 mg
Rin
X23

In Emergency Call : 9425005377



Lotus Hospital

Email id : poojadr2003@gmail.com

LOTUS HOSPITAL

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

Ph.: 0755-4093322, 8085441332

Signature



Scanned with OKEN Scanner

12 FEB 2025

BP 118/66

HR 72.8

Pulse 78/min

P
100 ml Normal 100 ml
100 ml Normal saline 100 ml
Endogel

2-2 Lys Hemifur 100 ml
2-2 Lys Cellulose 100 ml
2-2 Lys Hemifur 100 ml
3-2 Lys Hemifur 100 ml
100 ml

for
sample
water
test

Run
up

(before
2/2/25)

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