

29

mass - Neha pal 26/1

1. D and mother
feast

weight = 22.5 kg

height = 5.3 in a.

DOB 17-10-1998

• अंकिता विजयवर्गीय
 बी. बी. एस., डॉ. एम. आर. डी
 आर. आई. फैलोशिप :
 बटी हॉस्पिटल, मुंबई
 स हॉस्पिटल, मुंबई
 डियोलाजिस्ट :
 स हॉस्पिटल, नोएडा
 बी. बी. हॉस्पिटल, दिल्ली
 बी हॉस्पिटल लिमिटेड, कानपुर
 र लाल नेहरू कैंसर हॉस्पिटल, भोपाल
 RE: T1s <0.1 12.02.2025
 T1D <0.1 11.27.30 AM
 MI 0.8 C1.5 RS
 30Hz/10.3cm
 NT / Duct. 100%
 ST 1.4 PI 5.80 -> 30%
 AO 90%
 Gr 5
 C6/MIS
 FF2/ES
 ST 2/2/CR1.2

DR. ANKITA VIJAYVARGIYA

MBBS, DMRD

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

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

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

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

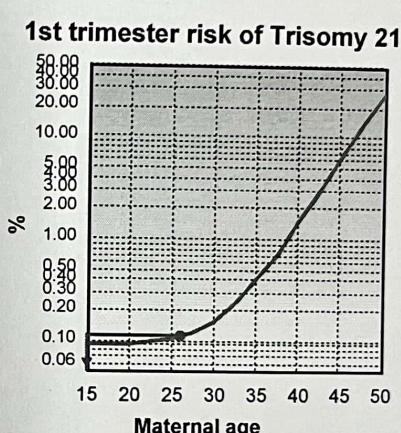
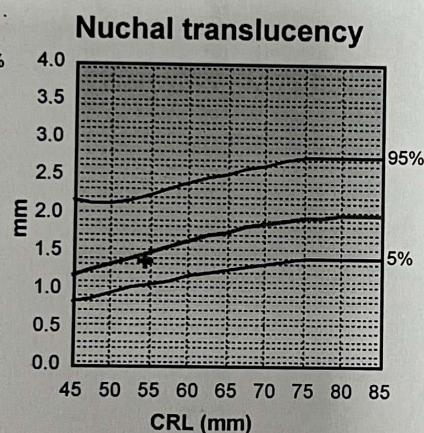
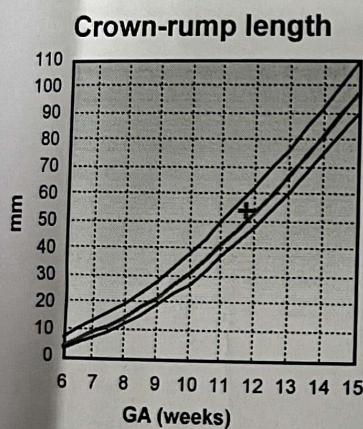
1: 417

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).



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 view

ABH
abstinent
(N/S)
Q
S

R

Tan Naturgrau SK 2007

R

X23

BP 115/64

Pulse 92/m

TOF 72.7 g

SpO2 99.1

In Emergency Call : 9425005377



Email id : poojadr2003@gmail.com

LOTUS HOSPITAL

M-351, Rajharsh Colony, Nayapura, Kolar main road, Bhopal
Ph.: 0755-4093322, 8085441332

Signature

P.M



Scanned with OKEN Scanner

12 FEB 2025

BP 118/66

HR 72/s

Pulse 78/160

Fr

L+ PDI Natatorium 09 May
D+ PDI Natatorium 09 May
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SpO₂ 99-1.

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2-2 type Caledonian 1hr Bas

2-2 type Hampstead 1hr Bas
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(before
21/2/2025)

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uphill

10 }