9/4/25

① Mrs. Priyanka Chandel

Age - 37 y/f

① Double Marker

① DOB – 18/2/1987

CMP – 10/1/2025

Hight – 5"4"

Weight – 65 Kg.

First Trimester Screening Report

DR. PURVI AGRAWAL
MBBS DGO DNB FETAL MEDICINE
CG 6950/2015

CHANDEL PRIYANKA
Date of birth: 18 February 1997, Examination date: 07 April 2025

Hospital no.: J 000064

Referring doctor: DR. GULATI DR. MANSI

Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 0; Spontaneous deliveries between 16-30 weeks: 0.
Maternal weight: 65.7 kg; Height: 154.0 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: 10 January 2025

EDD by dates: 17 October 2025

First Trimester Ultrasound:

US machine: VOLUSON E8. Visualisation: good.
Gestational age: **13 weeks + 2 days** from CRL

EDD by scan: 11 October 2025

Findings	
Fetal heart activity	Alive fetus
Fetal heart rate	visualised
Crown-rump length (CRL)	156 bpm
Nuchal translucency (NT)	72.4 mm
Biparietal diameter (BPD)	1.8 mm
Ductus Venosus PI	21.1 mm
Placenta	0.870
Amniotic fluid	posterior low
Cord	normal
	3 vessels

Chromosomal markers:
Nasal bone: present; Tricuspid Doppler: normal.

Fetal anatomy:
Skull/brain: appears normal; Spine: appears normal; Heart: FETAL ECHO NORMAL, 4 CHAMBER NORMAL, 3VV NORMAL, LVOT NORMAL, SITUS NORMAL.; Abdominal wall: appears normal; Stomach: visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible.

Uterine artery PI:	1.05	equivalent to 0.690 MoM
Mean Arterial Pressure:	106.6 mmHg	equivalent to 1.250 MoM
Endocervical length:	39.0 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: Purvi Agrawal, FMF Id: 214359

Condition	*Background risk*	*Adjusted risk*
Trisomy 21	**1: 810**	**1: 15462**
Trisomy 18	**1: 2057**	**1: 11053**

JANNANI DIAGNOSTICS
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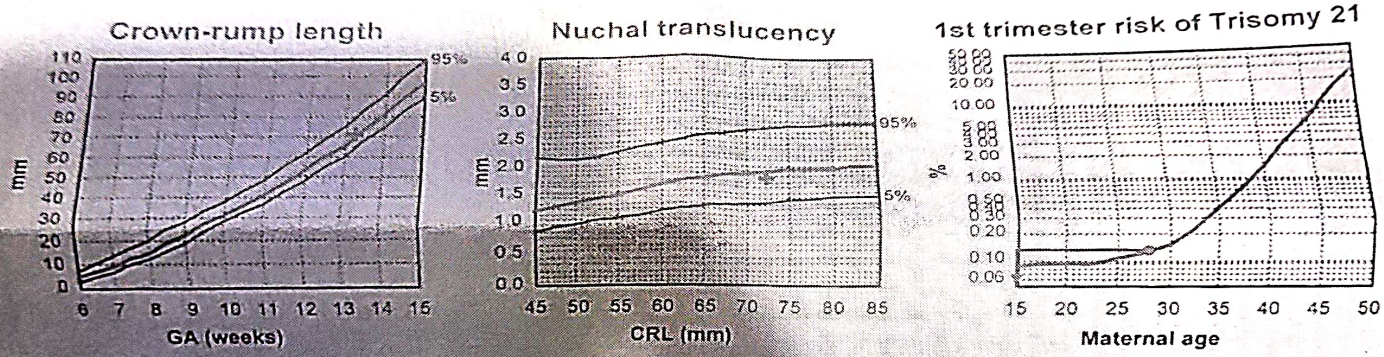
Trisomy 13	1: 6429	<1: 20000
Preeclampsia before 34 weeks		1: 118
Fetal growth restriction before 37 weeks		1: 166
Spontaneous delivery before 34 weeks		1: 950

The background risk for aneuploidies is based on maternal age (28 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). The adjusted risk for PE < 34 weeks or the adjusted risk for FGR < 37 weeks is in the top 10% of the population. The patient may benefit from the prophylactic use of aspirin.
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

*SINGLE LIVE INTRA UTERINE GESTATION.

*ESTIMATED GESTATIONAL AGE BY FETAL BIOMETERY: 13 Week 02 Days +/-1 Week.

*NO OBVIOUS SONOLOGICAL STRUCTURAL ABNORMALITIES DETECTED FOR THE GESTATION

*NT, NB AND TRICUSPID FLOW WITH IN NORMAL LIMITS

*NORMAL ENDOCERVICAL LENGTH: 3.9 cm

*UTERINE ARTERY DOPPLERS: SCREEN NEGATIVE FOR PET

* AGREED EDD (AS PER USG): 11/10/2025

**COMMENTS:

I have explained that this is risk assessment only and chromosomal abnormalities can not be diagnosed by ultrasound and or blood test.

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The only way to know the chromosmal make up of the fetuses is by invasive tests. I have explained different screening tests and their limitation.

SUGGESTED DUAL MARKER TEST.

please note:

all abnormalities and genetics syndromes cannot be ruled out by ultrasound examination. Ultrasound examination has its own limitations. Some abnormalites evolve as the gestation advances. The pick up rate of abnormality depends on gestational age of the fetus, fetal position, tissue pentration of sound waves, and patients body habitus.

Declaration

I, Dr. PURVI AGRAWAL, declare that while conducting ultrasonography on Mrs.DR. PRIYANKA CHNDEL, I have neither detected nor disclosed the sex of her fetus to anybody in any manner.

DR. PURVI AGRAWAL
MBBS, DGO, DNB, FETAL MEDICINE
CG Reg No: 6950/2016

Dr. Purvi Agrawal * CG Reg.No.-6950/2016 *

Thank you for the courtesy of this referral.
The report expressed is subject to the inherent limitations of the modality. Always correlate clinically and with other investigations to arrive at the final diagnosis. The report and films are not valid for medicolegal purpose.

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