

First Trimester Screening Report

MRS. JAYA KASHYAP

Date of birth : 15 July 1991, Examination date: 10 April 2025

Referring doctor: DR. MALA TRIPATHI

Maternal / Pregnancy Characteristics:

Previous chromosomally abnormal child or fetus: Other .
 Racial origin: South Asian (Indian, Pakistani, Bangladeshi).
 Parity: 1.
 Maternal weight: 60.0 kg; Height: 158.0 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: 19 January 2025

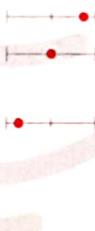
EDD by dates: 26 October 2025

First Trimester Ultrasound:

US machine: GE S8. Visualisation: good.

Gestational age: 11 weeks + 5 days from CRL **EDD by scan:** 25 October 2025

Findings	Alive fetus visualised
Fetal heart activity	175 bpm
Fetal heart rate	51.0 mm
Crown-rump length (CRL)	1.0 mm
Nuchal translucency (NT)	0.800
Ductus Venosus PI	anterior low
Placenta	normal
Amniotic fluid	3 vessels
Cord	



Chromosomal markers:

Nasal bone: present; Tricuspid Doppler: normal.

Fetal anatomy:

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

Uterine artery PI: 1.95 equivalent to 1.120 MoM

Endocervical length: 37.0 mm

LUCKNOW FETAL MEDICINE CENTRE

Aashirwad Clinic R1 Vigyanpuri Mahanagar Extension, Opposite Ashapurna Bsnl Franchisee, Mahanagar, Lucknow
 Email : Lucknowfetalmedicinecenter@gmail.com For Appointment - 82830 83082

www.lucknowfetalmedicine.com

Risks / Counselling:

Patient counselled and consent given.

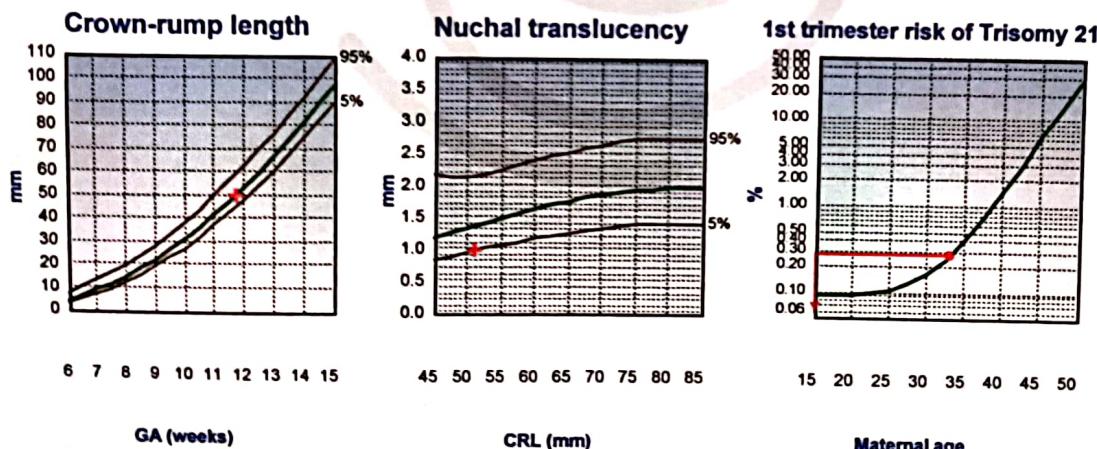
Operator: Aashi priyamvada, FMF Id: 221032

Condition	Background risk	Adjusted risk
Trisomy 21	1: 344	1: 1719
Trisomy 18	1: 786	1: 2383
Trisomy 13	1: 2481	1: 4864

The background risk for aneuploidies is based on maternal age (33 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, fetal heart rate).

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).



LUCKNOW FETAL MEDICINE CENTRE

Aashirwad Clinic R1 Vigyanpuri Mahanagar Extension, Opposite Ashapurna Bsnl Franchisee, Mahanagar, Lucknow
 Email : Lucknowfetalmedicinecenter@gmail.com For Appointment - 82830 83082

www.lucknowfetalmedicine.com

Comments

- * SINGLE LIVE INTRAUTERINE GESTATION
 - * GESTATIONAL AGE BY FETAL BIOMETRY: 11 Weeks 5 Days +/- 1 Week
 - * ASSIGNED EDD (AS PER LMP): 26/10/2025
 - * Nuchal Translucency, Nasal Bone, Tricuspid flow: Within normal limits
 - * NO OBVIOUS SONOLOGICAL STRUCTURAL ABNORMALITIES DETECTED FOR THIS GESTATION
 - * ENDOCERVICAL LENGTH : 37 mm : NORMAL
 - * UTERINE ARTERY SCREEN POSITIVE FOR PET**
- ADV: TAB. ECOSPRIN 150 mg**

** COMMENTS:

After detailed NT scan, the risk of Downs syndrome has reduced from 1: 344 (Background risk based on maternal age) to 1: 1719 (Based on NT + NB + Tricuspid Flow + FHR)

I have explained to couple that this is low risk.

I have explained different screening tests, their detection rates and limitations of screening to couple.

Couple understand that this is risk assessment only and chromosomal abnormalities can not be diagnosed by ultrasound and or blood test on their own.

The only way to know the chromosomal make up of the fetus is by invasive tests, which would carry small procedure related miscarriage.

Couple agreed for double marker test.

Please note:

All abnormalities and genetic syndromes cannot be ruled out by ultrasound examination. Ultrasound examination has its own limitations. Some abnormalities evolve as the gestation advances. The pick up rate of abnormality depends on gestational age of the fetus, fetal position, tissue penetration of sound waves, and patient's body habitus.

Declaration

I, Dr Aashi Priyamvada, declare that while conducting ultrasonography on Mrs. JAYA, I have neither detected nor disclosed the sex of her fetus to anybody in any manner

Best Wishes



DR. AASHI PRIYAMVADA
MBBS, DGO, FMAS,
FETAL MEDICINE SPECIALIST (FMF, UK)
CERTIFIED IN ADV. FETAL CARE (NHS, BRISTOL, UK)
CERTIFIED IN FETAL ECHOCARDIOGRAPHY (NHS, BRISTOL, UK)

TRANSCRIBED BY: AANCHAL SRIVASTAVA
 CHECKED BY: