

51.

Mr. Deepthi Singh 33115

Double

marker

754.

wt - 55 kg.

Height - 5.2 ft.

DOB - 31/07/1991.

Dr. Pooja Shrivastava

MBBS

MS (Obstetrics & Gynaecology)

Reg No. MP-4298



- 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

Trained in : Gynaecological Endoscopy Laparoscopy & Hysteroscopy. Obstetric & Gynaecological Ultrasonography Laparoscopic Sterilization & Family Planning

Consultation fee valid for 3 visits/15 days whichever is earlier in routine
opd hours only (Monday to Saturday)



Name : MRS. DEEPTI SINGH

Age/Sex : 33 Years / Female

LH-A-011837

Address : Dm/43 Indus Town Hosanghabad Road Mobile No.: 9516084500

Date : 7-May-2025

Adm
Double
marker
pin

P

o Dts Injers 1m
o Cap Brester 1m
o Cap Hani is full 1m
o Tds Nauron on 1m
o Dts Endogut 2m off Bm

BP 96/63

WT 55.2 kg

Pulse 104/min

Spr 99%.

30 }

Revis
Lapar
4

PATIENT'S NAME : MRS. DEEPTI SINGH

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

AGE/SEX : 33 Y/F

DATE : 07/05/2025

OBSTETRIC USG (EARLY ANOMALY SCAN) WITH PRE-ECLAMPSIA SCREENING

LMP: 02/02/2025

GA (LMP) : 13wk 3d

EDD : 09/11/2025

- 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, postero-lateral & not low lying**.
- LIQUOR: is **adequate** for the period of gestation.

Fetal morphology for gestation as described .

- 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.
- 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 2.4 mm (WNL).
- Ductus venosus shows normal spectrum with positive "a" wave (PI ~ 0.85) .

FETAL GROWTH PARAMETERS

- | | | | | | | | |
|-----|------|----|---|----|-----|---|--------------------|
| CRL | 80.9 | mm | ~ | 14 | wks | 1 | days of gestation. |
|-----|------|----|---|----|-----|---|--------------------|
- Estimated gestational age is **14 weeks 1 days (+/- 1 week)**. EDD by USG : 04/11/2025
 - Internal os closed. Cervical length is WNL (38.9 mm).
 - Baseline screening of both uterine arteries was done & reveals mean PI of ~ 1.08 (WNL for gestation)
 - Date of Last Delivery 29/10/2016
 - Gestation at delivery of last pregnancy 39 weeks 2 days .

PRESSION:

- Single, live, intrauterine fetus of 14 weeks 1 days +/- 1 week.
- Gross fetal morphology is within normal limits.

Suggest : Clinical correlation & follow up at 19-20 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)

First Trimester Screening Report

Singh Deepti

Date of birth : 31 July 1991, Examination date: 07 May 2025

Address: H.NO. DM 143 INDUS TOWN
HOSHANGABAD ROAD
BHOPAL
BHOPAL

Referring doctor: DR. POOJA SHRIVASTAVA (MBBS, MS)

Maternal / Pregnancy Characteristics:

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

Parity: 2; Deliveries at or after 37 weeks: 2.

Maternal weight: 53.0 kg; Height: 154.9 cm.

Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: no; Antiphospholipid syndrome: no; Preeclampsia in previous pregnancy: don't know; Previous small baby: don't know; Patient's mother had preeclampsia: no.

Method of conception: Spontaneous;

Last period: 02 February 2025




EDD by dates: 09 November 2025

First Trimester Ultrasound:

US machine: phillips affinity 50. Visualisation: good.

Gestational age: 13 weeks + 6 days from CRL

EDD by scan: 06 November 2025

Findings	Alive fetus	
Fetal heart activity	visualised	
Fetal heart rate	160 bpm	
Crown-rump length (CRL)	80.9 mm	
Nuchal translucency (NT)	2.4 mm	
Ductus Venosus PI	0.850	
Placenta	high , right postero-lateral	
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.

Uterine artery PI:	1.08	equivalent to 0.720 MoM
Mean Arterial Pressure:	77.4 mmHg	equivalent to 0.950 MoM
Endocervical length:	38.9 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 370	1: 7402

LOTUS HOSPITAL & MATERNITY HOME

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

REPORT

Regn.:

Pt. Name:

R/By:

Age :

LMP

Sex :

Date :

USG OBSTETRIC

A single live foetus seen in intrauterine cavity with presentation at the time of scan
Placenta

Fotal Parameters

BPD	-	mm	wks	days	+/-	w	d
HC	-	mm	wks	days	+/-	w	d
AC	-	mm	wks	days	+/-	w	d
FL	-	mm	wks	days	+/-	w	d

Mean Gestational Age Weeks

Liquor-Adequato

FHR- beats/min regular

Active foetal movement noted.

EDD-

EFW

IMPRESSION: REAL TIME OBSTETRIC USG STUDY REVEALS:

SINGLE LIVE INTRAUTERINE FOETUS IN PRESENTATION AT THE TIME OF SCAN
CORRESPONDING TO A MEAN GESTATIONAL AGE 7 WEEKS 4 DAYS

(1) 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.

(2) DECLARATION-I POOJA SHRIVASTAVA DECLARE THAT WHILE CONDUCTING ULTRASONOGRAPHY ON HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER FETUS TO ANY BODY IN ANY MANNER.

Radiological 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.

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