

Priya Gupta

Age - 29

D.R Padma Parakh

Weight - 72

Height - 5.2

MOB - 9340743996

DOB - 21/8/1996

डॉ. पद्मा पारख

एम.डी. (स्त्री रोग)

रजि. क्र. सी.जी.एम.सी. 599/2006



LNMP 21/01/25

EDD 28/06/25

M.L.

G.P.A.

T.T.

WT 72kg

Pulse

Temp.

B.P. 136/72

Pallor

Oedema

C.V.S.

R.S.

INVESTIGATIONS

CBC 10-8

Bl. Gr. & Type OF ve.

VDRL 0 ve

BSL 96.

HIV - ve

Hbs. Ag. - ve

HCV - ve.

Urine

Sickling

HPLC

T₃

T₄

TSH 2.05

NT Scan (11-14 week) 18w 5d 238.

Double Marker (9-13 week)

Q Marker (14-20 week)

Anomaly Scan (18-20 week)

OPD NO : 114009
PATIENT NAME : PRIYA GUPTA
W/o, S/o, D/o : TARANG GUPTA
SEX / AGE : FEMALE / 28
ADDRESS : RAJNANDGAON
MOBILE NO : 7000529521
CONSULTATION TYPE: FIRST VISIT

CONSULT DATE 26-Feb-25

DEPARTMENT : OBS & GAYNEE

CONSULTANT : DR. PADMA PARAKH

REF. DOCTOR : SELF

FEES 300.00

Pesimi

ML - 7 month

UPT - +ve (Today)

Amenorrhea : 1 month
5 days

TVS:- 1st Intrauterine P. sac.
2nd sac = 5.2cm
EDD = 27/10/25.

Free

Hydroboon

Follicles

Maternal HCG 1st
2nd

Tus - 1st

पारख नर्सिंग होम

लालबाग, गली नं. 1, राजनांदगांव (छ.ग.) 07744-404343, 88151 01001

मिलने का समय : सुबह 10 से शाम 4 बजे तक (रविवार अवकाश)



डॉ. पद्मा पारख

एम.डी. (स्त्री रोग)

रजि. क्र.: सी.जी.एम.सी. 599/2006

LNMP

EDD

M.L.

G.P.A.

T.T.

WT 22 lb

Pulse

Temp.

B.P. 100/60

Pallor

Oedema

C.V.S.

R.S.

INVESTIGATIONS

CBC

Bl. Gr. & Type

VDRL

BSL

HIV

Hbs. Ag.

HCV

Urine

Sickling

HPLC

T₃

T₄

TSH

NT Scan
(11-14 week)

Double Marker
(9-13 week)

Q Marker
(14-20 week) ☒

Anomaly Scan
(18-20 week)

OPD NO : 114009
PATIENT NAME : PRIYA GUPTA
W/o, S/o, D/o : TARANG GUPTA
SEX / AGE : FEMALE / 28
ADDRESS : RAJNANDGAON
MOBILE NO : 7000529521
CONSULTATION TYPE REVISIT

CONSULT DATE 2-May-25
DEPARTMENT : OBS & GYN
CONSULTANT : DR. PADMA PARAKH
REF. DOCTOR : SELF

FEES 300.00

Amn. 3 mth to 1 yr.

Checkup.

Heart, lungs, abdomen

✓

- TB (comp) 750 x 30
- TB pure 10 x 30
- TB Nure 10 x 30
- PD pure 10 x 30

Handwritten signature

पारख नर्सिंग होम

लालबाग, गली नं. 1, राजनांदगांव (छ.ग.) 07744-404343, 88151 01001
मिलने का समय : सुबह 10 से शाम 6 बजे तक (रविवार अवकाश)

Referred by: Dr. Padma parakh (MD)

Patient ID 1:
E80580-25-04-14-54
Date 14-04-2025

First Trimester Risk Assessment

Patient: **PRIYA GUPTA** DOB: 10-01-1995 (30 years)

Exam date: 14-04-2025

Indication: NT / NB/DV/TR SCAN

History: General Smoking: no
History

Method: Transabdominal ultrasound examination, Voluson E10. View: Good view.

Pregnancy: Singleton pregnancy. Number of fetuses: 1

Dating		Date	Details	Gest. age	EDD
	LMP	21-01-2025		11 w + 6 d	28-10-2025
	Conception		Conception: spontaneous		
	U/S	14-04-2025	based upon CRL	11 w + 6 d	28-10-2025
	Agreed dating		based on ultrasound (CRL)	11 w + 6 d	28-10-2025

General Evaluation: Cardiac activity present
Placenta: Anterior, Grade-0.
Cord vessels: 3 vessel cord.
Amniotic fluid: normal amount.

Fetal Biometry	FHR	157 bpm	16%	Nasal bone	2.9 mm
	CRL	51.9 mm	32%	IT	1.2 mm
	NT	1.10 mm			

Fetal Doppler: Ductus Venosus:
PIV 0.99 46%
Impression: Normal ductus venosus doppler study.

Maternal Doppler: Right uterine artery:
PI 2.20 83%
Left uterine artery:
PI 2.94 +2.4SD
Mean PI 2.57 95%

Impression: Uterine artery shows increased uteroplacental resistance blood flow may suggest high risk of PIH or fetal growth restriction in later pregnancy.

Maternal Structures: Cervix Endocervical length 30.7 mm

Page 1 of 5 for report of patient PRIYA GUPTA, DOB 10-01-1995

5D अल्ट्रासाउंड सेंटर

Reception : 07744-222290, 296655 | 83193-01577 | 97520-90390, Office : 94241-36163 | 93019-90990

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• 16 Slice CT Scan • Colour Doppler • High Tech Lab • FNAC & Biopsy • Echo Cardiography • Spirometry

Free Ambulance
Call : 79995-05409

Risk Parameters

Maternal Characteristics and History

Age: 30 yrs. Height 155 cm, 5 ft 1 in. Weight 72 kg, 159 lb. Ethnic origin: Indian. Smoking currently: no. Conception: spontaneous
Diabetes mellitus: no. History of chronic hypertension: no. Systemic lupus erythematosus: no. Antiphospholipid syndrome: no. Maternal family history of preeclampsia: no
Parity (pregnancies after 23 weeks): nulliparous
Previous pregnancy with preeclampsia: no. Previous pregnancy with fetal growth restriction: no

U/S Markers Nasal bone: present. Tricuspid regurgitation: absent. Fetal cardiac activity: present. FHR 157 bpm. Ductus ven. PIV 0.99. Holoprosencephaly: no. Diaphragmatic hernia: no. AV-septal defect: no. Exomphalos: no. Megacystis ≥ 7 mm: no.

Biophysical Markers Endocervical length 30.7 mm.
A. uterine mean PI $\wedge$ 2.57, equivalent to 1.5100 MoM.
Mean MAP 74.3 mmHg, equivalent to 0.8384 MoM.

Risk Assessment

Chosen trisomy screening option: Tr21, Tr18 and Tr13.

Risk at time of screening	Trisomy 21	Trisomy 18	Trisomy 13
Background risk	1 in 610	1 in 1,401	1 in 4,419
Adjusted risk	1 in 12,194	< 1 in 20 000	< 1 in 20 000

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

Risk for preeclampsia before 37 weeks 1 in 203.

Risk for fetal growth restriction before 37 weeks 1 in 102.

The risk for preeclampsia is based on maternal history, mean arterial pressure and uterine artery mean-PI. The risk for fetal growth restriction is based on maternal history, mean arterial pressure and uterine artery mean-PI.

The risk assessment was performed by AMIT MODI. The estimated risk is calculated by the FMF-01-04-2016 software 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).

Impression

Single Intrauterine Gestational Sac With Foetal Pole Is Seen At The Time Of Examination Of About 11 weeks 6 days Gestational Age .

Expected Date Of Delivery By Ultrasound: 28-10-2025.

Normal NT & DV.
Normal ossified nasal bone.
No evidence of TR.

Uterine artery shows increased uteroplacental resistance blood flow may suggest high risk of PIH or fetal growth restriction in later pregnancy.

Page 2 of 5 for report of patient PRIYA GUPTA, DOB 10-01-1995

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