



Referring Dr :- Dr. Mrs. Aparna Dewalkar, MBBS DGO

Patient ID: E52563-25-04-22-9

Date 21-05-2025

First Trimester Ultrasound

Patient: **PATEL PRIYA** DOB: 08-05-1998

Exam date: 21-05-2025

Indication: First trimester screening.

History: **Allergies** No allergies identified
Prev. diseases No previous diseases identified
Prev. surgeries No previous surgeries performed
Infections No infections identified
OB History Gravida 1

Maternal Assessment: **Physical Exam** Height 150 cm, 4 ft 11 in. Weight 59 kg, 130 lb. Pre-pregnancy weight 53 kg, 117 lb. BMI 26.27 kg/m². Pre-pregnancy BMI 23.60 kg/m². Weight gain 6 kg, 13 lb

Method: Transabdominal and transvaginal ultrasound examination. View: Good view.

Pregnancy: Singleton pregnancy. Number of fetuses: 1

Dating	Date	Details	Gest. age	EDD
	LMP 24-02-2025		12 w + 2 d	01-12-2025
	U/S 21-05-2025	based upon CRL	11 w + 6 d	04-12-2025
	Agreed dating	based on the LMP	12 w + 2 d	01-12-2025

General Evaluation: **Cardiac activity** present
Placenta: Posterior low laying reaching up to the IO grade 0 maturity
Cord vessels: 3 vessel cord
Amniotic fluid: normal amount

Fetal Biometry	FHR	163 bpm	54%	OFD	23.3 mm	29%
	CRL	52.1 mm	11%	HC	66.7 mm	
	NT	0.88 mm		IT	1.4 mm	
	Nasal bone	2.8 mm		AC	52.5 mm	58%
	BPD	16.9 mm	30%	Femur	7.0 mm	34%

Fetal Anatomy: Cranium: Foetal head showed midline falx and normal choroid plexus. Normal ossification of skull bone

Face: Premaxillary triangle seen, Maxillary and mandibular echoes are normal. Orbit with lenses visualized



AMEYA

DIAGNOSTIC CENTER

PCPNDT Reg. No. 68/2011

DR. ABHAY BORKAR

Consultant Radiologist

M.B.B.S., D.M.R.E.

Regd. No. 2001/09/3136

Scholar MD Training in Fetal Medicine

Scholar MD Training in Pelvic Ultrasound

Scholar MD Training in Small Part USG

FMF ID 293775



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★ ULTRASONOGRAPHY ★ ADVANCED 3D 4D SONOGRAPHY ★ COLOUR DOPPER ★ USC GUIDED PROCEDURES ★ DIGITAL X-RAY

Heart: Cardiac regular activity, Four symmetrical chambers on Colour – Two ventricle inflows. Two outflow tracts (tick sign, V sign)

Thorax: Symmetrical lung fields, No Effusion or masses

Stomach: Normal cord insertion, Stomach in left upper quadrant

Kidneys: Both kidney appears normal

Bladder: bladder Gastric bubble visualized.

Spine: Foetal spine normal

The following structures appear normal:

Neck. Great vessels. Abdominal wall. Arms. Legs. Skeleton.

Fetal Doppler

Ductus Venosus:

S-wave	-31.48 cm/s	PLI	0.63
D-wave	-16.78 cm/s	S/a	2.74
A-wave	-11.51 cm/s	a/S	0.37
TAmx	-24.47 cm/s	D/a	1.46
PIV	0.82	HR	184 bpm
PVIV	1.19		

Impression: normal

Maternal Doppler

Right uterine artery:

HR	74 bpm	ED	18.27 cm/s
PI	1.73	TAmx	32.20 cm/s
RI	0.75	MD	17.38 cm/s
PS	74.11 cm/s	S / D	4.06

Left uterine artery:

HR	74 bpm	ED	13.55 cm/s
PI	2.14	TAmx	27.45 cm/s
RI	0.81	MD	13.18 cm/s
PS	72.38 cm/s	S / D	5.34
Mean HR	74.00 bpm	Mean PI	1.94

Impression: normal uteroplacental resistance

Maternal Structures

Cervix Cervical length 40.1 mm
Funnelling absent

Internal OS is closed

E/o subchorionic collection of size 10.6X3.5 mm is seen adjacent to the IO

Impression

SINGLE, LIVE, INTRAUTERINE FOETUS OF AVERAGE GESTATION AGE OF 11 WKS AND 6 DAYS IN VARIABLE PRESENTATION, CORRESPONDING TO THE PERIOD OF AMENORRHEA.

ASSIGNED DATE OF EDD BY LMP IS 01/12/2025

PLACENTA POSTERIOR LOW LYING, REACHING UPTO THE IO WITH GRADE 0 MATURITY

AMNIOTIC FLUID IS ADEQUATE FOR GESTATIONAL AGE.

PREECLAMPSIA RISK FROM HISTORY ONLY

< 37 WEEKS: 1 IN 76



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ULTRASONOGRAPHY + ADVANCED 3D 4D SONOGRAPHY + COLOUR DOPPER + USC GUIDED PROCEDURES + DIGITAL X-RAY

PREECLAMPSIA RISK FROM HISTORY PLUS MAP, UTPI
< 37 WEEKS: 1 IN 192

RECOMMENDATION

ON THE BASIS OF THIS ASSESSMENT THE PATIENT HAS BEEN CLASSIFIED AS BEING AT LOW RISK FOR DEVELOPING PE BEFORE 37 WEEKS. NEVERTHELESS, IT IS RECOMMENDED THAT THE RISK IS REASSESSED AT 20 AND 36 WEEKS.

CHANCE OF DEVELOPING FGR BEFORE 37 WEEKS :- 0.8% (1 IN 127)

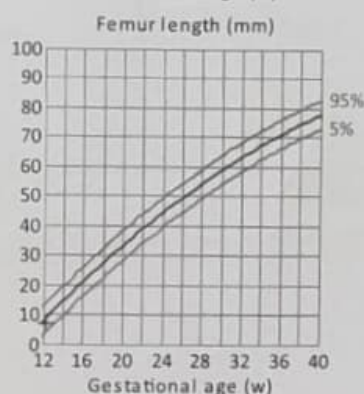
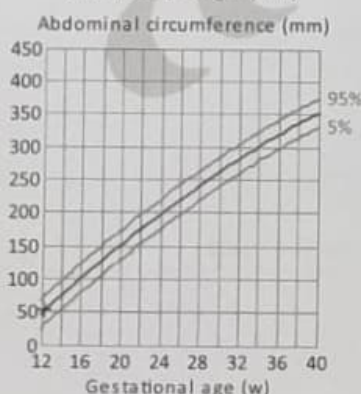
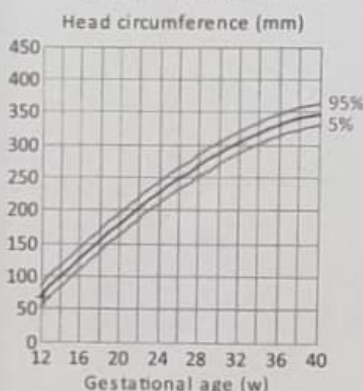
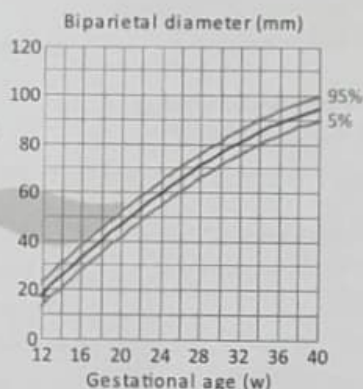
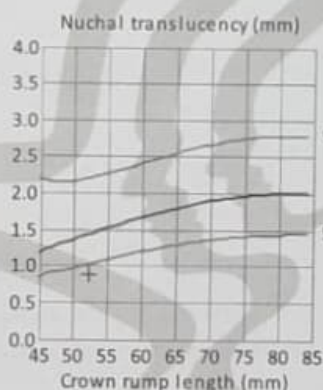
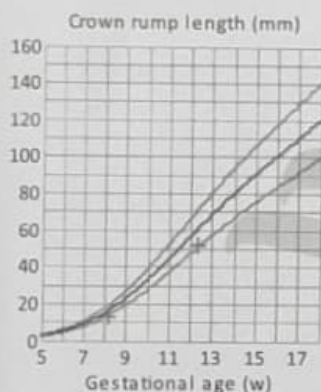
TAB ASPIRIN 150 MG OD (AT NIGHT) UP TO 36 WKS SUGGESTED

Next
Appointment

21-07-2025 (GA 21 w + 0 d), ANOMALY SCAN SUGGESTED

Declaration/
Disclaimer

I DR ABHAY BORKAR, declare that while undergoing ultrasonography on PRIYA PATEL neither detected nor disclosed the sex of the foetus to patient /her relative or any other person, by words, sign or in any other manner. All measurements including estimated fetal weight are subject to statistical variations. Not all anomalies can be detected on sonography.



Risk assessment

Risk for fetal growth restriction

This application allows estimation of risks for fetal growth restriction (birth weight <5th percentile for gestational age) from a combination of maternal characteristics, previous obstetric history and findings at 11-13 weeks [📄 \(https://fetalmedicine.org/fmf/sga.pdf\)](https://fetalmedicine.org/fmf/sga.pdf).

MoM values for mean arterial pressure and uterine artery PI can be calculated by the application provided in this section.

MoM values for PAPP-A and PLGF depend on maternal characteristics but also on the equipment and reagents used at a specific laboratory; you will therefore need to obtain the MoM values from your laboratory.

Please record the following information and then press calculate.

Maternal characteristics		
Maternal age	26.0	years
Maternal weight	59.0	kg
Maternal height	150.0	cm
Racial origin	South Asian ▾	
Diabetes mellitus type II	<input type="checkbox"/>	
Chronic hypertension	<input type="checkbox"/>	
Systemic lupus erythematosus	<input type="checkbox"/>	
Smoking during pregnancy	<input type="checkbox"/>	
Method of conception	Spontaneous ▾	
Previous obstetric history		
<input checked="" type="radio"/> Nulliparous		
<input type="radio"/> Parous, previous pregnancies >23 weeks		
Measurements at 11-13 w		
Fetal crown-rump length	52.1	mm
UTPI	1.121	MoM Click here to record UTPI measurements
MAP	0.948	MoM Click here to record arterial pressure measurements
Serum PAPP-A		MoM
Serum PLGF		MoM

Calculate risk

Results

Chance of developing FGR before 37 weeks: **0.8 % (1 in 127)**

This software is based on research carried out by The Fetal Medicine Foundation. Neither the FMF nor any other party involved in the development of this software shall be held liable for results produced using data from unconfirmed sources. Clinical risk assessment requires that the ultrasound and biochemical measurements are taken and analyzed by accredited practitioners and laboratories.

Name: PATEL PRIYA MEET



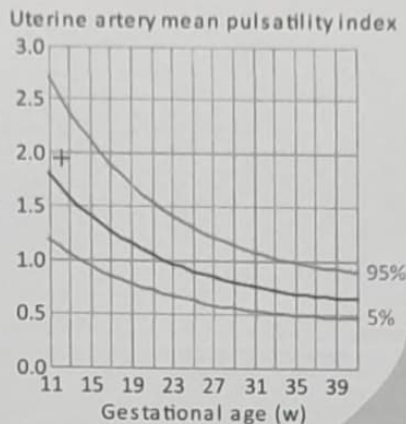
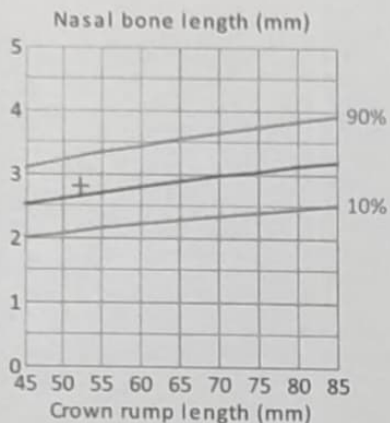


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Thank you Dr. Mrs. Aparna Dewaikar , MBBS DGO for the referral

Dr. Abhay Borkar
MBBS DMRE
FME ID : 293775
Performing physician
Reg. No. 2001/09/3136
Ameya Diagnostic Center
Reg. No. 68