



త్రివేణి హాస్పిటల్

TRIVENI HOSPITAL



గ్రీన్లాండ్ హాస్పిటల్ గేటు ఎదురుగా, డాక్టర్స్ కాలనీ, నల్లగొండ

Dr. G. TRIVENI

M.B.B.S., M.S.(Obgy.)

Obstetrician & Gynaecologist
Specialist
No. 52814

సంప్రదించు వేళలు :

ప్రతిరోజు మొ. గం. 10-00 నుండి రాత్రి గం. 7-00 వరకు
ఆదివారం మొ. గం. 10-00 నుండి మొ. గం. 2-00 వరకు

Cell: 7569550452, 6302900950

డా|| జి. త్రివేణి

M.B.B.S., M.S., (Obgy)

ప్రమాది మరియు స్త్రీల వ్యాధి నిపుణులు
Regd. No. 52814

మే Mrs. Mounika w/o Shankar Vill. Ragatla Age 27 Sex F

LAD

☐

4MA

49 kg

②

99nt

110/70 mmHg

S, S ②

NAD

10 G. w/uter

OLE GC. Fair

Rebless

PR: 80cm

PA: ut 12-16cm
relaxed.

Date: 14/6/25

Valid Upto: 28/6/25

LMP :

EDD :

S.EDD:

ML :

Consanguinity Yes/No.

Menstrual Periods:

Reg/Irregular

Adv
NIPT

DOB: 07-08-1994

28/2/25/2025

LMP: 28-02-2025

T. Escorpin 150mg
1 15d

T. Algester SR 200mg
1 15d

Protein powder
2 milk

R

1. T. Felcal Pan
OP 15d

2. Sep Hicervet
1av 10d

3. C. oster O₃
week 1/8 w

Note: This report is subject to the terms and conditions overleaf. Partial Reproduction of this report is not permitted.

2000-
3) 10.0

1000-
2) 10.0

G3 A1 E1 2

O +ve

Lmp :- 28/2/25

EDD :- 7/12/25

S. EDD :- 9/12/25 (7 weeks)
5/12/25 (12 wk)

MLI :- 248

Ncm

MH :- Reg

TSH :- 1.02 uIU/ml

HbA1C :- 5.8%

Double marker :- T2, Pcd ~~NTK~~

NIPT:

I : 3/12 sp. abortion

II : Right Ectopic
Right Salpingectomy

III : PP



TRIVENI HOSPITAL

15/6
NT
2.00
3) 7.10
10.10



MRS V MOUNIKA

Date of birth : 07 August 1994, Examination date: 26 May 2025

Address: NALGONDA

Hospital no.: KFC18580

Mobile phone: 9618765392

Referring doctor: TRIVENI

Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 0.

Maternal weight: 48.0 kg; Height: 152.0 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: 28 February 2025

EDD by dates: 05 December 2025

First Trimester Ultrasound:

US machine: E 6. Visualisation: poor.

Gestational age: 12 weeks + 3 days from dates

EDD by scan: 05 December 2025

Findings
Fetal heart activity: Alive fetus
Fetal heart rate: visualised
Crown-rump length (CRL): 57.0 mm
Nuchal translucency (NT): 1.7 mm
Biparietal diameter (BPD): 22.0 mm
Ductus Venosus PI: 1.000
Placenta: anterior low
Amniotic fluid: normal

Chromosomal markers:

Nasal bone: can not examine; Tricuspid Doppler: normal.

Fetal anatomy:

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

Uterine artery PI: 2.25

equivalent to 1.310 MoM

Endocervical length: 30.0 mm

Risks / Counselling:

Patient counselled and consent given.

Operator: Lekkala Kalpana, FMF Id: 173593

Condition	Background risk	Adjusted risk
Trisomy 21	1: 576	1: 2647
Trisomy 18	1: 1360	1: 4120
Trisomy 13	1: 4278	1: 1455
Preeclampsia before 34 weeks		1: 152
Fetal growth restriction before 37 weeks		1: 58

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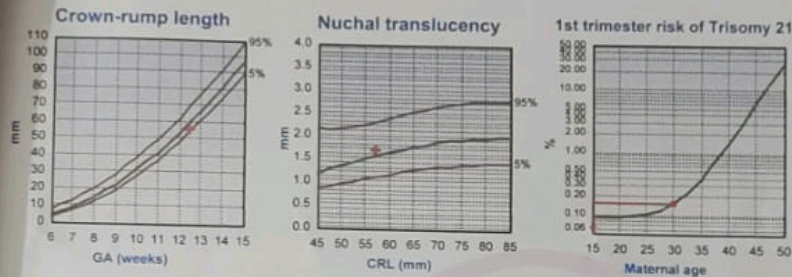
8-2-27/8, గ్రీన్‌లాండ్ హాస్పిటల్ దగ్గర, డాక్టర్స్ కాలనీ, నల్లగొండ - 508 001. తెలంగాణ
For Appointment : ☎ +91 8522 856 854, +91 8520897722

E-mail : triveni@hospital.nalgonda@gmail.com

The background risk for aneuploidies is based on maternal age (30 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).

Risks for preeclampsia and fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history and uterine artery Doppler. 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 fetus corresponding to 12 weeks 3 days.

Down syndrome screen negative based on NT scan.

NASAL BONE CAN NOT EXAMINE.

Uterine doppler shows high resistance flow. Suggested to Tab Aspirin upto 36 weeks.

Suggested DOUBLE MARKER.

Suggested TIFFA SCAN at 19 to 20 weeks. (July 16th to 19th)

I, Dr. L. Kalpana Reddy, declared that while conducting ultrasonography / imaging scanning on Mrs. V. MOUNIKA, I have neither detected nor disclosed the sex of fetus to any body in any manner.

DR. L. KALPANA REDDY
FETAL MEDICINE CONSULTANT