



ತ್ರಿವೆಣಿ ಹಾಸ್ಪಿಟಲ್

TRIVENI HOSPITAL

ಪ್ರಿನ್ಲಾಂಕ್ ಹಾಸ್ಪಿಟಲ್ ರೋಡ್ ಎಡುರ್ಗಾ, ಮಾತ್ತು ಕಾಲನಿ, ಶ್ರದ್ಧಿಂದ್ರಾಂ



Dr. G. TRIVENI
M.B.B.S., M.S.(Obgy.)
Obstetrician & Gynaecologist
Specialist
No. 52814

ನಿಂದಿದ್ದಂತ ವೇಳೆ :
ಪ್ರಿನ್ಲಾಂಕ್ ರೋಡ್ ನಂ. 10-00 ಸೂರೀ ರಾತ್ರಿ ನಂ. 7-00 ಮತ್ತು
ಎಡುರ್ಗಾ ನಂ. 10-00 ಸೂರೀ ಮತ್ತು ನಂ. 2-00 ಮತ್ತು

ಡಾ॥ ಜ. ತ್ರಿವೆಣಿ
M.B.B.S., M.S., (Obgy)
ಪ್ರಿನ್ಲಾಂಕ್ ಮಾತ್ತು ಕಾಲನಿ ಹಾಸ್ಪಿಟಲ್
Regd. No. 52814

Cell: 7569550452, 6302900950

me Mrs. Mounika wife of Shankar VIII. Pragattle Age 27 Sex F
LAD = 4Mth

Wt: 49 kg
①
99nt
110/70 mmhg
S. 2 ④
NAD

110 G. week
O/E G.C. Fair
Abdomen
PR. 80bpm
PA: abt 12-16 abt
Relaxed.

Date: 14/6/25
Valid Upto 28/6/25

LMP :
EDD :
S.EDD:
ML :
Consanguinity Yes/No.
Menstrual Periods:
Reg/irregular

Adm
NIPT

DOB: 07-08-1994

28/2/25/2025
LMP: 28-02-2025

T. Ecoprin 150mg
T. Algesteron SR 200mg
1 15d

Protein Powder 250g 3 c. after D₂
weekly/8 w

R
1. T. Fetal (Paw
OP 15d
2. sup. Hicorvt
car 100

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

1) 2000L
3) 2000L
2) 1000L
1) 1000L

G₃ P₁ E₁ C

O +ve

Lmp :- 28/2/25

EDD :- 7/12/25

S.E.DD :- 9/12/25 (7 weeks)
5/12/25 (12 weeks)

I : 3/12 sp. abortion

II : Right Ectopic
Right Salpingectomy

III : PP

MLI - 948

Ncm

MH :- Reg

TSH :- 1.02 mIU/ml

HbA1C :- 5.8%

Double marker :- T₂ 1.66 mIU/ml

NIPT:



TRIVENI HOSPITAL

1/2
3) 200
Q.i.d.



MRS V MOUNIKA

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

Address: NALGONDA

Hospital no.: KFC18580

Protecting the Precious...



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+91 953 0883
+91 900014 Ph: +91 91235 86747

Hyderabad - 43100

SAGE PATH

Referring doctor: TRIVENI
Mobile phone: 9618765392

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

visualised

Fetal heart rate

177 bpm

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, రీనలాండ్ హస్పిటల్ దగ్గర, దాక్టర్ కాలనీ, సహారండ - 508 001. తెలంగాణ

For Appointment: +91 8522 856 854, +91 8520897722

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

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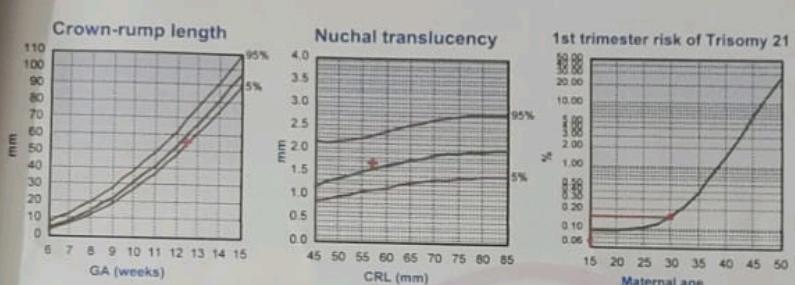
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Instrumental Screening Report
Kalpana Fetal Medicine and Scan Center

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.

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 26 weeks.

Suggested DOUBLE MARKER

Suggested TIFFA SCAN at 19 to 20 weeks. (July 16th to 18th)

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

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